

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746775 (6)
1. Corporation Name
COLUMBIA HOME ASSOCIATION OF CHARLOTTE COUNTY, I NC.



Principal Place of Business
**P.O. BOX 15042
PORT CHARLOTTE FL 33948-0042**

Mailing Address
**P.O. BOX 15042
PORT CHARLOTTE FL 33948-0042**

3. Date Incorporated or Qualified
04/17/1979

3a. Date of Last Report
03/02/1995

4. FEI Number
59-1461439

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **2421 Tamiami Trail**

2a. Mailing Address
26 **2421 Tamiami Trail**

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 **Port Charlotte, FL**

City & State
28 **Port Charlotte, FL**

Zip
24 **33952**

Country
25 **U.S.A.**

Zip
29 **33952**

Country
30 **U.S.A.**

9. Name and Address of Current Registered Agent

**GREENWALD, MARTIN
2335 BROADRANCH DRIVE
PORT CHARLOTTE FL 33948**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	BARTHOLIC, RICHARD	2184 NUREMBERG BLVD.	PUNTA GORDA FL	<input checked="" type="checkbox"/>
VD	BRAUN, DANIEL	23331 ROUNDTREE AVE.	PORT CHARLOTTE FL	<input checked="" type="checkbox"/>
TD	ILIOU, ADRIEN	113 MILPORT ST	PT. CHARLOTTE FL	<input checked="" type="checkbox"/>
SD	GREENWALD, MARTIN	235 BROADRANCH DR	PT. CHARLOTTE FL	<input type="checkbox"/>
D	ADAMO, JOSEPH	19588 CAROB ST	PT. CHARLOTTE FL	<input checked="" type="checkbox"/>
D	LOCKE, DAVID	4374 MEAGER CIRCLE	PT. CHARLOTTE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
POCKE DAVID	4374 MEAGER CIRCLE	PORT CHARLOTTE FL. 33948		<input checked="" type="checkbox"/>	<input type="checkbox"/>
V.D.	ZAILSKAS EDWARD	480 CICERO ST.	PORT CHARLOTTE FL. 33948	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
T.D.	TARQUINI RAPHAEL	26327 SUCRE PR. FL.	33952	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
S.D.	GREENWALD MARTIN	2335 BROADRANCH DR.	PORT CHARLOTTE FL. 33948	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D.	BRAUN DANIEL DR.	PORT CHARLOTTE FL. 33948		<input type="checkbox"/>	<input type="checkbox"/>
D.	SOUSA JOSEPH	2437 HARBOR BL. PT. CHARLOTTE FL. 33952		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Martin Greenwald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

Date

941-629-3429

Daytime Phone #

CR2E037 (12/95)