

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

2. Principal Place of Business 2a. Mailing Address
21 2421 Tamiami Trail 26 2421 Tamiami Trail

4. FEI Number **59-1461439** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

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

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

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

Zip Country Zip Country
24 33952 25 U.S.A. 29 33952 30 U.S.A.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	LOCKE DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	4374 MEAGER CIRCLE	
1.3 STREET ADDRESS	PORT CHARLOTTE FL. 33948	
1.4 CITY - ST - ZIP		
2.1 TITLE	V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ZAILSKAS EDWARD	
2.3 STREET ADDRESS	480 CICERO ST.	
2.4 CITY - ST - ZIP	PORT CHARLOTTE FL. 33948	
3.1 TITLE	T.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TARQUINI RAPHAEL	
3.3 STREET ADDRESS	26327 SHURE DR. FL.	
3.4 CITY - ST - ZIP	PORT CHARLOTTE FL. 33952	
4.1 TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GREENWALD MARTIN	
4.3 STREET ADDRESS	2335 BROADRANCH DR.	
4.4 CITY - ST - ZIP	PORT CHARLOTTE FL. 33948	
5.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BRAUN DANIEL DR.	
5.3 STREET ADDRESS	2331 ROUNDTREE DR.	
5.4 CITY - ST - ZIP	PORT CHARLOTTE FL. 33948	
6.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SOUSA JOSEPH	
6.3 STREET ADDRESS	2437 HARBOR BL. PT. CHARLOTTE FL 33952	
6.4 CITY - ST - ZIP		

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 Date: 1-29-96 Daytime Phone #: 941-629-3429

CR2E037 (12/95)