

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 05 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746775 (6)**

1. Corporation Name  
**COLUMBIA HOME ASSOCIATION OF CHARLOTTE COUNTY, I NC.**

Principal Place of Business 2421 TAMiami TRAIL PORT CHARLOTTE FL 33952 US	Mailing Address 2421 TAMiami TRAIL PORT CHARLOTTE FL 33952 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>04/17/1979</b>	3a. Date of Last Report <b>02/12/1996</b>
4. FEI Number <b>59-1461439</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 *Martin Greenwald* **MARTIN GREENWALD** **7-30-97**  
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOCK, DAVID	
STREET ADDRESS	4374 MEAGER CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ZAILSKAS, EDWARD	
STREET ADDRESS	480 CICERO STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TARQUINI, RAPHAEL	
STREET ADDRESS	26327 SUCRE DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GREENWALD, MARTIN	
STREET ADDRESS	2335 BROADRANCH DRIVE	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRAUN, DANIEL	
STREET ADDRESS	2331 ROUNTREE DR	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOUSA, JOSEPH	
STREET ADDRESS	2437 HARBOUR BLVD.	
CITY-ST-ZIP	PT. CHARLOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHAMBERS, THOMAS	
1.3 STREET ADDRESS	1465 SAINT GEORGE LN.	
1.4 CITY-ST-ZIP	PUNTA GORDA FL. 33983	
2.1 TITLE	V.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MYERS WILLIAM	
2.3 STREET ADDRESS	1314 KENSIGTON ST.	
2.4 CITY-ST-ZIP		
3.1 TITLE	PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T.D. JOSE BATISTA	
3.3 STREET ADDRESS	1180 DESMOND ST.	
3.4 CITY-ST-ZIP	PORT CHARLOTTE FL. 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	S.D. BISSONETTE, richard	
4.2 NAME		
4.3 STREET ADDRESS	25173 ZODIAC LN.	
4.4 CITY-ST-ZIP	PUNTA GORDA FL. 33983	
5.1 TITLE	D. TARQUINI, RAPHAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	26327 SUCRE DR.	
5.4 CITY-ST-ZIP	PUNTA GORDA FL. 33983	
6.1 TITLE	D. MACHUKAS, KASIMER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	3539 PORT CHARLOTTE BLVD	
6.4 CITY-ST-ZIP	PORT CHARLOTTE FL. 33952	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 checked, or on an attachment with an address.

SIGNATURE *THOMAS CHAMBERS* **THOMAS CHAMBERS**  
SIGNATURE REQUIRED PRESIDENT

CR2E037 (4/97)