


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

Mailing Address

**2421 TAMiami TRAIL  
PORT CHARLOTTE FL 33952  
US**

**2421 TAMiami TRAIL  
PORT CHARLOTTE FL 33952  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/17/1979</b>		3a. Date of Last Report <b>02/12/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1461439</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		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

**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

*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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOCK, DAVID			1.2 NAME	CHAMBERS, THOMAS		
STREET ADDRESS	4374 MEAGER CIRCLE			1.3 STREET ADDRESS	1465 SAINT GEORGE LN.		
CITY-ST-ZIP	PORT CHARLOTTE FL			1.4 CITY-ST-ZIP	PUNTA GORDA FL. 33983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZILSKAS, EDWARD			2.2 NAME	MYERS WILLIAM		
STREET ADDRESS	480 CICERO STREET			2.3 STREET ADDRESS	1314 KENSINGTON ST.		
CITY-ST-ZIP	PORT CHARLOTTE FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TARQUINI, RAPHAEL			3.2 NAME	T.D.		
STREET ADDRESS	26327 SUCRE DRIVE			3.3 STREET ADDRESS	JOSE BATISTA		
CITY-ST-ZIP	PORT CHARLOTTE FL			3.4 CITY-ST-ZIP	1180 DESMOND ST.		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	PORT CHARLOTTE FL. 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENWALD, MARTIN			4.2 NAME	S.D.		
STREET ADDRESS	2335 BROADRANCH DRIVE			4.3 STREET ADDRESS	BISSENETTE, richard		
CITY-ST-ZIP	PT. CHARLOTTE FL			4.4 CITY-ST-ZIP	25173 ZODIAC LN.		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	PUNTA GORDA FL. 33983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAUN, DANIEL			5.2 NAME			
STREET ADDRESS	2331 ROUNTREE DR			5.3 STREET ADDRESS	TARQUINI, RAPHAEL		
CITY-ST-ZIP	PT. CHARLOTTE FL			5.4 CITY-ST-ZIP	26327 SUCRE DR.		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	PUNTA GORDA FL. 33983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOUSA, JOSEPH			6.2 NAME			
STREET ADDRESS	2437 HARBOUR BLVD.			6.3 STREET ADDRESS	D.		
CITY-ST-ZIP	PT. CHARLOTTE FL			6.4 CITY-ST-ZIP	MACHUKAS, KASIMER		

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 changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

THOMAS CHAMBERS  
PRESIDENT

CR2E037 (4/97)