


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90098 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 746775					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/17/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1461439	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/>	

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			
				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				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	CHAMBERS, THOMAS			1.2 NAME	FLANIGAN JAMES		
STREET ADDRESS	1465 SAINT GEORGE LN			1.3 STREET ADDRESS	9990 PEACE RIVER DR. S.W.		
CITY-ST-ZIP	PUNTA GORDA FL			1.4 CITY-ST-ZIP	ARCADIA FL 33821		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V.D-S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAM, MYERS			2.2 NAME	CHAMBERS, THOMAS		
STREET ADDRESS	1314 KENSINGTON ST			2.3 STREET ADDRESS	1465 SAINT GEORGE LN.		
CITY-ST-ZIP	PORT CHARLOTTE FL			2.4 CITY-ST-ZIP	PUNTA GORDA, FL		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	T.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATISTA, JOSE			3.2 NAME	BATISTA, JOSE		
STREET ADDRESS	1180 DESMOND ST			3.3 STREET ADDRESS	1180 DESMOND ST.		
CITY-ST-ZIP	PORT CHARLOTTE FL			3.4 CITY-ST-ZIP	PORT CHARLOTTE FL.		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FLANIGAN, JAMES			4.2 NAME	GREENWALD, MARTIN		
STREET ADDRESS	9990 PEACE RIVER DR SW			4.3 STREET ADDRESS	2335 BROADRANCH DR		
CITY-ST-ZIP	ARCADIA FL 33821			4.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33948		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TANNUZZI, ANTHONY			5.2 NAME	HODSON GORDON		
STREET ADDRESS	25908 AYSEN DR			5.3 STREET ADDRESS	138 N.E. DOWLING AVE.		
CITY-ST-ZIP	PUNTA GORDA FL 33983			5.4 CITY-ST-ZIP	PORT CHARLOTTE 33952		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MACHUKAS, KASIMER			6.2 NAME	REITER JOHN		
STREET ADDRESS	3539 PORT CHARLOTTE BLVD			6.3 STREET ADDRESS	193 CYPRESS AVE		
CITY-ST-ZIP	PT. CHARLOTTE FL			6.4 CITY-ST-ZIP	PT CHARLOTTE 33952		

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99 941-629-3429
 Date Daytime Phone #

—CR2F037 (11/98)