


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 <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 746775</b> 1. Corporation Name <b>COLUMBIA HOME ASSOCIATION OF CHARLOTTE COUNTY, I NC.</b>		
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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/17/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1461439
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
				<b>FL</b>	

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 CHAMBERS, THOMAS 1465 SAINT GEORGE LN PUNTA GORDA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P.D. FLANIGAN JAMES 9990 PEACE RIVER DR. S.W. ARCADIA FL 33821	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD WILLIAM, MYERS 1314 KENSINGTON ST PORT CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.D-S CHAMBERS, THOMAS 1465 SAINT GEORGE LN. PUNTA GORDA, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TD BATISTA, JOSE 1180 DESMOND ST PORT CHARLOTTE FL	<input type="checkbox"/> DELETE	2.2 NAME	T.P. BATISTA, JOSE 1180 DESMOND ST. PORT CHARLOTTE FL.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SD FLANIGAN, JAMES 9990 PEACE RIVER DR SW ARCADIA FL 33821	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	D GREENWALD, MARTIN 2335 BROADRANCH DR PORT CHARLOTTE FL 33948	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	D TANNUZZI, ANTHONY 25908 AYSEN DR PUNTA GORDA FL 33983	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	D HODSON GORDON 138 N.E. DOWLING AVE. PORT CHARLOTTE 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	D MACHUKAS, KASIMER 3539 PORT CHARLOTTE BLVD PT. CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D REITER JOHN 193 CYPRESS AVE PT CHARLOTTE 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
CITY-ST-ZIP			4.1 TITLE		
CITY-ST-ZIP			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
CITY-ST-ZIP			5.1 TITLE		
CITY-ST-ZIP			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
CITY-ST-ZIP			6.1 TITLE		
CITY-ST-ZIP			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 REQUIRED  
 \_\_\_\_\_ 3/25/99 941-629-3429  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (11/98)