

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90058 018 ****61.25

0047432

DOCUMENT # 746775

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1461439

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENWALD, MARTIN
2335 BROADRANCH DRIVE
PORT CHARLOTTE FL 33948

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SOUTHWICK, WILLIAM	
STREET ADDRESS	2288 WILEY ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	THEILING, RAYMOND	
STREET ADDRESS	133 ACALYPHA	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KETTLER, HERBERT	
STREET ADDRESS	3528 MIDDLETOWN ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TYNAN, CHARLES	
STREET ADDRESS	1133 DORCHESTER ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACDONALD, RAY	
STREET ADDRESS	1395 WILMETTE ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOUSA, JOE	
STREET ADDRESS	2437 HARBOR BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND MACDONALD	
STREET ADDRESS	1395 WILMETTE ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	J.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE BATISTA	
STREET ADDRESS	1180 DESMOND ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	S.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBERT KETTLER	
STREET ADDRESS	3528 MIDDLETOWN ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	V.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK HAAS	
STREET ADDRESS	184 N. WATERWAY DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD LONES	
STREET ADDRESS	282 READING ST. N.W	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS CHAMBERS	
STREET ADDRESS	1465 SAINT GEORGE LN.	
CITY-ST-ZIP	PUNTA GORDA 33983	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)