


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90083 045 ****61.25

DOCUMENT # 746775			
1. Entity Name COLUMBIA HOME ASSOCIATION OF CHARLOTTE COUNTY, INC.			
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		3. Mailing Address 21505 AUGUSTA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Port CHARLOTTE FL	
Zip	Country	Zip 33952	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAC DONALD, KAYMOND 1395 WILMETTE ST PORT CHARLOTTE, FL 33980		Name DANIEL J. Greenlick Street Address (P.O. Box Number is Not Acceptable) 2613 Rock Creek DR. City Port CHARLOTTE FL Zip Code 33948	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: DANIEL J. Greenlick <i>Daniel J Greenlick</i>		DATE: 1-10-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACDONALD, RAYMOND 1395 WIMETTE ST PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Greenlick DANIEL J. 2613 Rock Creek DR. PORT CHARLOTTE FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BATISTA, JOSE 1180 DESMOND ST PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD-VP Locke DAVID J. 4374 MARGER CIRCLE PORT CHARLOTTE FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KETTLER, HERBERT 3528 MIDDLETOWN ST PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANNING Joseph T. 134 LeLAND ST. S.W. PORT CHARLOTTE FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAAS, FRANK 184 N WATERWAY DRIVE PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAY WILLIAM E 21094 EDGEWATER PORT CHARLOTTE FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONES, RICHARD 282 READING ST. N.W PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Myszowski LEONARD 22256 OLEAN BLVD. PORT CHARLOTTE FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYNAS, CHARLES D 1135 DORCHESTER ST PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAGENOW William 3335 ISLAND CLUB DR. Apt. 5 NORTH PORT FL 34288 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: DANIEL J. Greenlick <i>Daniel J Greenlick</i>		DATE: 1-10-05 941-675502	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	