

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **747234** (3)

1. Corporation Name

**DELTONA COLUMBIAN CLUB INCORPORATED**

Principal Place of Business

**1385 MAXIMILLIAN STREET  
DELTONA FL 32725**

Mailing Address

**1385 MAXIMILLIAN STREET  
DELTONA FL 32725**



3. Date Incorporated or Qualified  
**05/17/1979**

3a. Date of Last Report  
**03/23/1995**

4. FEI Number

**59-2062113**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BAHR, ROBERT N.  
616 MERRIMAC STREET  
DELTONA FL 32725**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>RANDENE, JOSEPH F.</b>	
STREET ADDRESS	<b>2610 TRYON AVE.</b>	
CITY-ST-ZIP	<b>DELTONA FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>MANN, MICHAEL S.</b>	
STREET ADDRESS	<b>1972 VIKING AVENUE</b>	
CITY-ST-ZIP	<b>DELTONA FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>COTTEN, MARION L.</b>	
STREET ADDRESS	<b>2072 ALAMEDA DRIVE</b>	
CITY-ST-ZIP	<b>DELTONA FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>ORAVETZ, EDWARD J.</b>	
STREET ADDRESS	<b>1912 E CHAPEL DR.</b>	
CITY-ST-ZIP	<b>DELTONA FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BAHR, ROBERT N.</b>	
STREET ADDRESS	<b>616 MERRIMAC ST</b>	
CITY-ST-ZIP	<b>DELTONA FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>COVUCCI, FRANK R.</b>	
STREET ADDRESS	<b>1019 PINDER ST</b>	
CITY-ST-ZIP	<b>DELTONA, FL 00000</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/O</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RANDENE, JOSEPH F.</b>	
1.3 STREET ADDRESS	<b>2610 TRYON AVE</b>	
1.4 CITY-ST-ZIP	<b>DELTONA FL 32725</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BAHR, ROBERT N</b>	
2.3 STREET ADDRESS	<b>616 MERRIMAC ST</b>	
2.4 CITY-ST-ZIP	<b>DELTONA FL 32725</b>	
3.1 TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>COTTEN, MARION L.</b>	
3.3 STREET ADDRESS	<b>2072 ALAMEDA DR</b>	
3.4 CITY-ST-ZIP	<b>DELTONA FL 32738-4874</b>	
4.1 TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ORAVETZ, EDWARD J</b>	
4.3 STREET ADDRESS	<b>1912 E CHAPEL DR</b>	
4.4 CITY-ST-ZIP	<b>DELTONA FL 32738</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>BOGDANSKI, LUCIAN S.</b>	
5.3 STREET ADDRESS	<b>671 S HARTLEY CIR</b>	
5.4 CITY-ST-ZIP	<b>DELTONA FL 32725</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARION L. COTTEN**

**2/19/96 904/789-0340**

Date

Daytime Phone

CR2E037 (12/95)