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Feb 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32725-0501

3. Date Incorporated or Qualified
05/17/1979

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BAEHR, ROBERT N.
616 MERRIMAC STREET
DELTONA FL 32725

4. FEI Number
59-2062113

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Financial Statement Financing
and Contribution

\$5.00 May Be
Added to Fees

Corporation has liability for intangible tax under s. 199.032,
Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

84 City

FL

85 Zip Code

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RANDENE, JOSEPH F.	
STREET ADDRESS	2610 TRYON AVE.	
CITY - ST - ZIP	DELTONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOGDANSKI, LUCIAN S.	
STREET ADDRESS	671 S HARTLEY CIRCLE	
CITY - ST - ZIP	DELTONA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COTTEN, MARION L	
STREET ADDRESS	2072 ALAMEDA DRIVE	
CITY - ST - ZIP	DELTONA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ORAVETZ, EDWARD J	
STREET ADDRESS	1912 E CHAPEL DR.	
CITY - ST - ZIP	DELTONA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BAEHR, ROBERT N	
STREET ADDRESS	616 MERRIMAC ST	
CITY - ST - ZIP	DELTONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COVUCCI, FRANK R.	
STREET ADDRESS	1019 PINDER ST	
CITY - ST - ZIP	DELTONA, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOGDANSKI, LUCIAN S.	
1.3 STREET ADDRESS	671 S HARTLEY CIRCLE	
1.4 CITY - ST - ZIP	DELTONA FL 32725	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BIANCO, JACOB F.	
2.3 STREET ADDRESS	1320 N. SHADOW RIDGE DRIVE	
2.4 CITY - ST - ZIP	DELTONA FL 32725	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RYAN, GEORGE E.	
3.3 STREET ADDRESS	2360 DUMAS DRIVE	
3.4 CITY - ST - ZIP	DELTONA FL 32738	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CUNEO, RAYMOND J.	
4.3 STREET ADDRESS	686 MERRIMAC STREET	
4.4 CITY - ST - ZIP	DELTONA FL 32725	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HOFFMANN, KENNETH A.	
5.3 STREET ADDRESS	1212 E. HANCOCK DRIVE	
5.4 CITY - ST - ZIP	DELTONA FL 32725	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARCHBANK, JR., CLIFFORD	
6.3 STREET ADDRESS	2445 BECK CIRCLE	
6.4 CITY - ST - ZIP	DELTONA FL 32738	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97 (904) 789-0340

CR2E037 (9/96)