FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS

COVUCCI, FRANK R.

1019 PINDER ST



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(3)

DELTONA COLUMBIAN CLUB INCORPORATED

ss	Mailing Address	: 160 III 1001: Otati saule Liado Livit dibi albii 018% 018% 01017 01017 01017 1601			
	1906 MAVIMILIAM CTREET				

FILED

Feb 04 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address					\$ 148101 10015 01215 48810 11000 11115 01215 01215 01215 01215 01215 01215 01215 01215 01215 01215 01215 01215					
1385 MAXIMILLIAN STREET 1385 MAXIMILLIAN STREET DELTONA FL 32725 DELTONA FL 32725					3. Date Incorporated or Qu	ualified				
		02210101112	2,20			05/17/1979				
						4. FEI Number			plied For	
6 0						59-2062113		No	t Applicable	
21	lace of Business	2a. Mailing Ad				5. Certificate of Status Des	sired 🗆	\$ 8.75 A	Additional equired	
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Fina	neing	\$5.00	May Be		
22 27					Trust Fund Contribution					
City & State		— ·	City & State			7. Is this nonprofit corporation a homeowners association?				
23		28					☐ Yes 🔀 i			
Zìp	Country	Zip	<u> </u>	Country	,	8. This corporation owes o				
24	25	29	30	<u> </u>		Personal Property Tax d			₫ No	
	9. Name and Address of Curre	nt Registered Agen	t			10. Name and Address of	New Registered Age	ent		
				81	Name	ANGELL O. DeLaSIER	RA			
Baehr, Robert N. 616 Merrimac Streeet			82	Street	Address (P.O. Box Number is Not Acceptable)					
DELTONA FL 32725			83					·		
				84		DELTONA FL 85 Zip Code 32738				
11. Pursuant office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar () the tand accept the oblig	02 and 617.1508, Fig e of Florida, Such ch	orida Statutes, ange was auth	the above	e-named	corporation submits this statement poration's board of directors. I herei	for the purpose of ch	anging its	s registered registered	
agent. I a	m familiar. The fand accept the oblig	ations of, Section 61	17.0503, Florid	a Statute	S	/	1108		Ĭ	
SIGNATURE	my while					< Jon	16/70			
The state of the s				gistered Age	istered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DP OFFICERS AN		DELETE	1,1 TITLE	-	D/V		Change	Addition	
NAME	Boganski, Lucian s	_	0-1111	1.2 NAME		RYAN, GEORGE E.	_	o nango		
	671 S HARTLEY CIR				I D D D C C C	2360 DUMAS DR				
STREET ADDRESS	DELTONA FL			1.3 STREET		DELTONA FL 32738				
CITY-ST-ZIP TITLE	DELITORA PL	152	DELETE	1.4 CITY - S 2.1 TITLE	i-ZP	D	<u></u>	Change	Addition	
	BOGDANSKI, LUCIAN S.	2	DELETE			CUNEO, RAYMOND J.		Orange	ZN Mudition	
NAME	671 S HARTLEY CIRCLE			2.2 NAME		586 MERRIMAC ST				
STREET ADDRESS	DELTONA FL			2.3 STREET	-	DELTONA FL 32725			}	
CITY-ST-ZIP	SD SD	·	DELETE	2. 4 CITY - 3 3.1 TITLE	ST-ZIP	D		Change	Addition	
	COTTEN, MARION L	L	VELLIE	3.1 IIILE		STOWELL, ROBERT A		กหมเกิด	► A Vontion	
NAME	2072 ALAMEDA DRIVE			4		591 GALLOWAY AVE	۱.			
STREET ADORESS				3.3 STREET		DELTONA FL 32725				
CITY-ST-ZIP	DELTONA FL		DELETE	3.4. CITY - S	ST-ZIP			Change	X1 Addition	
TITLE	ODANIETZ EDWARD I		OLLETE	4.1 TITLE		D MADCHDANK CHECO	_	Olidina	ZZI AUGIUOII	
NAME	ORAVETZ, EDWARD J			4. 2 NAME		MARCHBANK, CLIFFO	アレ, ダベ.			
STREET ADDRESS						つんえん ひたへい へいひ				
į	1912 E CHAPEL DR.			4.3 STREET		2445 BECK CIR				
CITY-ST-ZIP	DELTONA FL) 1	DEI ETE	4.4 CITY-S		DELTONA FL 32738		Charge	N Addison	
TITLE	DELTONA FL D	П	DELETE	4.4 CITY-S 5.1 TITLE		DELTONA FL 32738		Change		
TITLE NAME	DELTONA FL D HOFFMANN, KENNETH A		DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZiP	DELTONA FL 32738 D KYLE, EDWARD L., SR		Change	Addition	
TITLE	DELTONA FL D		DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP ADDRESS	DELTONA FL 32738		Change	⊠ Addition	

DELTONA, FL 00000 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 trustage appropriate its report is required by Chapter 617, 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 trustage, and that my same appears in Block 12 or Block 13 if changed, or on an attachment with all addless.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE.

SIGNATURE

☐ Change ☐ Addition