

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 755751 (5)
1. Corporation Name
COLUMBUS CLUB OF RUSKIN, INC.



Principal Place of Business
**106 11TH AVENUE NE
P.O. BOX 1737
RUSKIN FL 33570**

Mailing Address
**106 11TH AVENUE NE
P.O. BOX 1737
RUSKIN FL 33570**

3. Date Incorporated or Qualified
12/31/1980

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2064993

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

10. Name and Address of New Registered Agent

~~DIBERNARDO, GEORGE A.
6226 FLORIDA CIRCLE
APOLLO BEACH FL 33572~~

81 Name
TERRENCE F. PYLE

82 Street Address (P.O. Box Number is Not Acceptable)
707 W. DEL WEBB BLVD.

83

84 City
SUN CITY CENTER

FL

85 Zip Code
33573

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 **TERRENCE F. PYLE** *Terrence F. Pyle* **4-26-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P**

STREET ADDRESS **PYLE, TERRENCE F**

CITY-ST-ZIP **6316 COTTONWOOD LANE
APOLLO BEACH FL**

TITLE ☒ DELETE

NAME **DV**

STREET ADDRESS **VILLEMARIE, LIONEL**

CITY-ST-ZIP **P.O. BOX 114, CAMPUS DR
RUSKIN FL**

TITLE ☐ DELETE

NAME **T**

STREET ADDRESS **FERRIS, BERNARD**

CITY-ST-ZIP **11128 MARK HAMILTON DR.
GIBSONTON FL**

TITLE ☒ DELETE

NAME **DV**

STREET ADDRESS **HARRINGTON, W.(TRUSTEE)**

CITY-ST-ZIP **GIBSONTON DR
GIBSONTON FL**

TITLE ☒ DELETE

NAME **SD**

STREET ADDRESS **MCDOWELL, ROBERT M.**

CITY-ST-ZIP **11729 LYNNMOOR DRIVE
RIVERVIEW FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE **P D** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **DIBERNARDO, GEORGE A.**

2.3 STREET ADDRESS **6226 FLORIDA CIRCLE**

2.4 CITY-ST-ZIP **APOLLO BEACH, FL 33572**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **ALVARO, ODILIO JR.**

4.3 STREET ADDRESS **10004 PREVATT**

4.4 CITY-ST-ZIP **RIVERVIEW, FL 33569**

5.1 TITLE **S T D** ☐ Change ☒ Addition

5.2 NAME **STROUP, OLIVER P.**

5.3 STREET ADDRESS **802 GOLF ISLAND DRIVE**

5.4 CITY-ST-ZIP **APOLLO BEACH, FL 33572**

6.1 TITLE ☐ Change ☐ 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: *Terrence F. Pyle* **TERRENCE F. PYLE, PRES.** **4/26/96** **(813) 634-3361**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)