

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33570-1737
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1980		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2064993		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TERRENCE F. PYLE 707 W DEL WEBB BLVD. SUN CITY CENTER FL 33573				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PYLE, TERRENCE F			1.2 NAME			
STREET ADDRESS	6316 COTTONWOOD LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	APOLLO BEACH FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIBERNARDO, GEORGE A.			2.2 NAME			
STREET ADDRESS	6226 FLORIDA CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	APOLLO BEACH FL			2.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERRIS, BERNARD			3.2 NAME	MICHAEL ZAHORSKY, JR.		
STREET ADDRESS	11128 MARK HAMILTON DR.			3.3 STREET ADDRESS	6361 COCOA LANE		
CITY-ST-ZIP	GIBSONTON FL			3.4 CITY-ST-ZIP	APOLLO BEACH, FL 33572		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALVAREZ, ODILO J			4.2 NAME	ROBERT McDOWELL		
STREET ADDRESS	10004 PREVATT			4.3 STREET ADDRESS	11729 LYNMOOR DRIVE		
CITY-ST-ZIP	RIVERVIEW FL			4.4 CITY-ST-ZIP	RIVERVIEW, FL 33569		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STROUP, OLIVER P.			5.2 NAME	CHARLES WINSTON		
STREET ADDRESS	802 GOLF ISLAND DRIVE			5.3 STREET ADDRESS	13222 PINE CREEK CIRCLE		
CITY-ST-ZIP	APOLLO BEACH FL			5.4 CITY-ST-ZIP	RIVERVIEW, FL 33569		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 *Terrence F. Pyle* DATE *4-8-97* (813) 634-2361

CR2E037 (9/96)