

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762452

FILED
Jan 26, 2005
Secretary of State

Entity Name: CLUB COLOMBIA DE TAMPA, INC.

Current Principal Place of Business:

7820 N. ARMENIA AVENUE
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 151873
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-2381121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRER, MARIA V
7614 N SANIBEL CIRCLE
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERRER, MARIA V
Address: 7614 N SANIBEL CIRCLE
City-St-Zip: TAMPA, FL 33637

Title: D () Delete
Name: MAX, PENA MD
Address: 4204 CARROLWOOD VILLAGE CT
City-St-Zip: TAMPA, FL 33624

Title: SD () Delete
Name: OWENS, MARIA T
Address: 19307 GARDEN QUILT CR
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: D'LEON, WILLIAM
Address: 7001 64TH STREET N
City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Delete
Name: FERRER-OIL, SANDRA M
Address: 7614 N SANIBEL CIRCLE
City-St-Zip: TAMPA, FL 33637

Title: D () Delete
Name: OTERO, JORGE ENRIQUE MD
Address: 4206 GOLF POINT CT
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA TERESA OWENS

SD

01/26/2005

Electronic Signature of Signing Officer or Director

Date