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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
96 OCT 21 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 765390 (0)  
1. Corporation Name  
COLUMBUS CLUB OF BELLEVIEW, INC.

Principal Place of Business Mailing Address  
P.O. BOX 1628  
BELLEVIEW, FLA.  
34421 -1628  
US

3. Date Incorporated or Qualified 10/13/ 1982 3a. Date of Last Report 1/26/95

2. Principal Place of Business 21 12226 S.E. HWY. 301 Suite, Apt. #, etc. 22 City & State 23 BELLEVIEW, FLA Zip 34421 Country MARION	2a. Mailing Address 26 P.O. BOX 1628 Suite, Apt. #, etc. 27 City & State 28 BELLEVIEW, FLA Zip 34421 Country MARION	4. FEI Number 59-2782596 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent PRESIDENT RONALD CIAMPI 12077 S.E. 89th TERRACE BELLEVIEW, FLORIDA 34420	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 Ronald Ciampi Ronald Ciampi 10-8-96  
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	P. RONALD CIAMPI <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12077 S.E. 89TH TERRACE	1.2 NAME	
STREET ADDRESS	BELLEVIEW, FLORIDA 34420	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V.P. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY MICHAELS	2.2 NAME	
STREET ADDRESS	11277 S.E. 55 AVENUE LOT 9	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW, FLORIDA 34420	2.4 CITY-ST-ZIP	
TITLE	ANTHONY LANZILLOTTI <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14595 S.W. 39th COURT ROAD	3.2 NAME	
STREET ADDRESS	OCALA, FLORIDA 34473	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT E. WILSON	4.2 NAME	
STREET ADDRESS	10848 S.E. 74th COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW, FLORIDA 34420	4.4 CITY-ST-ZIP	
TITLE	D. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL BRIGADA	5.2 NAME	
STREET ADDRESS	344 MARION OAKS GOLF WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FLORIDA 34473	5.4 CITY-ST-ZIP	
TITLE	D. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT GLASCOCK	6.2 NAME	
STREET ADDRESS	14566 S.W. 34th TERRACE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FLORIDA 34473	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: Robert E. Wilson - ROBERT E. WILSON 10-4-96 904-347-3750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)