

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 765390 (0) 1. Corporation Name COLUMBUS CLUB OF BELLEVIEW, INC.			
Principal Place of Business 12226 SE HWY 301 BELLEVIEW FL 34421 US		Mailing Address P O BOX 1628 BELLEVIEW FL 34421-1628	
2. Principal Place of Business		3a. Date of Last Report 10/21/1996	
21 Suite, Apt #, etc.		4. FEI Number 59-2782596	
22 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country MARION		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CIAMPI, RONALD DELETE 12077 SE 89TH TERRACE BELLEVIEW FL 34420		10. Name and Address of New Registered Agent BRIGADA, CARL 344 MARION OAKS GOLF WAY OCALA FL 34473	
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 <i>Robert E. Wilson</i> <i>Carl P. Brigada</i> 2-11-97 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIAMPI, RONALD	1.2 NAME	BRIGADA, CARL
STREET ADDRESS	12077 SE 89TH TERRACE	1.3 STREET ADDRESS	344 MARION OAKS GOLF WAY
CITY-ST-ZIP	BELLEVIEW FL 34420	1.4 CITY-ST-ZIP	OCALA FL 34473
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELS, HENRY	2.2 NAME	SCIARRINO, JOSEPH
STREET ADDRESS	11277 SE 55 AVE., LOT 9	2.3 STREET ADDRESS	6026 S.E. 126TH ST.
CITY-ST-ZIP	BELLEVIEW FL 34420	2.4 CITY-ST-ZIP	BELLEVIEW FL 34420
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ROBERT E	3.2 NAME	
STREET ADDRESS	10848 S.E. 7TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL 34420	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANZILLOTTI, ANTHONY	4.2 NAME	
STREET ADDRESS	14595 SW 39TH COURT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34473	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGADA, CARL	5.2 NAME	
STREET ADDRESS	344 MARION OAKS GOLF WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34473	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASCOCK, ROBERT	6.2 NAME	
STREET ADDRESS	14586 SW 34TH TERRACE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34473	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: <i>Robert E. Wilson</i> <i>Robert E. Wilson, Sec.</i> 1 1 97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0084903			



CR2E037 (9/96)