

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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



Principal Place of Business Mailing Address  
12226 SE HWY 301 P O BOX 1628  
BELLEVIEW FL 34421 BELLEVIEW FL 34421  
US

12226 SE HWY 301

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Belleview FL

28 Belleview FL

24 Zip

25 Country

29 Zip

30 Country

34421

U.S.A

34421

U.S.A

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/13/1982

4. FEI Number

59-2782596

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

BRIGADA CARL  
344 MARION OAKS GOLF WAY  
OCALA FL 34473

81 Name

RON CIAMPI

82 Street Address (P.O. Box Number is Not Acceptable)

12077 SE 89TH TER

83

84 City

BELLEVIEW

FL

85 Zip Code

34420

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 Ron Ciampi

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2-17-98

DATE

12. OFFICERS AND DIRECTORS

TITLE P Ron Ciampi DELETED

NAME BRIGADA CARL  
STREET ADDRESS 344 MARION OAKS GOLF WAY  
CITY-ST-ZIP Ocala FL

TITLE VP DELETED

NAME SCIARRINO JOSEPH  
STREET ADDRESS 6026 SE 126TH ST  
CITY-ST-ZIP BELLEVIEW FL

TITLE S DELETED

NAME WILSON, ROBERT E  
STREET ADDRESS 10848 S.E. 7TH COURT  
CITY-ST-ZIP BELLEVIEW FL 34420

TITLE DELETED

NAME LANZILLOTTI, ANTHONY  
STREET ADDRESS 14595 SW 39TH COURT RD  
CITY-ST-ZIP Ocala FL 34473

TITLE D DELETED

NAME BRIGADA, CARL  
STREET ADDRESS 344 MARION OAKS GOLF WAY  
CITY-ST-ZIP Ocala FL 34473

TITLE D DELETED

NAME GLASCOCK, HOBERT  
STREET ADDRESS 14566 SW 34TH TERRACE RD  
CITY-ST-ZIP Ocala FL 34473

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRPS. Change Addition

1.2 NAME RON CIAMPI

1.3 STREET ADDRESS 12077 SE 89TH TER

1.4 CITY-ST-ZIP Belleview FL. 34420

2.1 TITLE DELETED

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE DELETED

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE DELETED

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE DELETED

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE DELETED

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2-2-98

CR2E037 (10/97)