


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90098 041 ****61.25

DOCUMENT # 770797 1. Entity Name COLUMBUS CLUB OF JENSEN BEACH, INC.					
Principal Place of Business PO BOX 1538 JENSEN BEACH, FL 34958 US			Mailing Address PO BOX 1538 JENSEN BEACH, FL 34958 US		
2. Principal Place of Business - No P.O. Box # NONE		3. Mailing Address AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2375567				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEKANOWSKI, PHILIP 447 NE PECOS WAY JENSEN BEACH, FL 34957			7. Name and Address of New Registered Agent Name MANG WILLIAM Street Address (P.O. Box Number is Not Acceptable) 2881 CALVIN ST. City PORT ST LUCIE FL Zip Code 34952		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>William J. Hartdegen</u> Financial Secretary <u>1/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JEKANOWSKI, PHILIP 447 NE PECOS WAY JENSEN BEACH, FL 34957		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer MANG, WILLIAM 2881 CALVIN ST. PORT ST LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARTDEGEN, WILLIAM 3073 SE TREASURE IS RD PORT SAINT LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY - ST - ZIP	FINANCIAL SECRETARY HARTDEGEN, WILLIAM SAME ADDRESS AS BEFORE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>William J. Hartdegen</u> <u>1/12/07</u> <u>772-337-7790</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					