


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
06 DEC 18 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000003692					
1. Entity Name COLUMBIA ARMS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1600 COLUMBIA ARMS CIR KISSIMMEE, FL 34741			Mailing Address 1600 COLUMBIA ARMS CIR KISSIMMEE, FL 34741		
2. Principal Place of Business 1600 Columbia Arms Cir.			3. Mailing Address 1600 Columbia Arms Cir.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Kissimmee, FL 34741			City & State Kissimmee, FL		
Zip 34741		Country USA		4. FEI Number 020762966	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MANSORI, ZUBAIR S 1600 COLUMBIA ARMS CIR KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name Mansori, Zubair S. Street Address (P.O. Box Number is Not Acceptable) 1600 Columbia Arms Cir. City Kissimmee FL Zip Code 34741		
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>Zubair S. Mansori</u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>11/29/2006</u>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50				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	PD BEAS, THOMAS R 1600 COLUMBIA ARMS CIR KISSIMMEE, FL 34741 <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	DST MANSORI, ZUBAIR S 1600 COLUMBIA ARMS CIR KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200082255932 12/04/06--01050--015 **245.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Andrew T. Beas 1600 Columbia Arms Cir Kissimmee, FL 34741 <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	Secretary Mónica Giraldo 1600 Columbia Arms Cir Kissimmee, FL 34741 <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	B.m. Cesar Lopez 1600 Columbia Arms Cir Kissimmee, FL 34741 <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>Zubair S. Mansori</u>				Date <u>11-29-2006</u> Daytime Phone # <u>407-841-9393</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

K. Eckel DEC 18 2006