



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|--|---|---|---|---|--|
| Rgit236Cru N05000003692 | |  | | 2008 FEB -1 AM 9:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 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 | |  11202007 s3q6h6) i s43588 (05E | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 02-0762966 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 7. .NaNmooAAAsAofNW | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MANSORI, ZUBAIR S 1600 COLUMBIA ARMS CIR KISSIMMEE, FL 34741 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$236.25 After January 1, 2008, 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 | 700116678161 02/01/08--01020--002 **297.50 <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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BEAS, ANDREW T 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 | S GIRALDO, MONICA 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 | BM LOPEZ, CESAR 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 Director/Secy</u> 1-28-2008 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |