


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000005177 1. Entity Name COLUMBUS VILLAS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3455 FLAMINGO AVE. SARASOTA, FL 34242	Mailing Address 3455 FLAMINGO AVE. SARASOTA, FL 34242
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04162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

**HOGAN, PATRICK
3455 FLAMINGO AVE.
SARASOTA, FL 34242**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRINGTON, ALAN 9122 MIDNIGHT PASS ROAD, UNIT 21 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRINGTON, LYNNE 9122 MIDNIGHT PASS ROAD, UNIT 21 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, PATRICK 3455 FLAMINGO AVE. SARASOTA, FL 34242
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U000000718294
05/01/07-80017-002 61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patrick Hogan 4/17/07 (941) 258-2424