

**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.**



Principal Place of Business <b>3455 FLAMINGO AVE.          SARASOTA, FL 34242</b>	Mailing Address <b>3455 FLAMINGO AVE.          SARASOTA, FL 34242</b>
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**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (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 D	NAME MERRINGTON, ALAN
STREET ADDRESS 9122 MIDNIGHT PASS ROAD, UNIT 21	CITY-ST-ZIP SARASOTA, FL 34242
TITLE D	NAME MERRINGTON, LYNNE
STREET ADDRESS 9122 MIDNIGHT PASS ROAD, UNIT 21	CITY-ST-ZIP SARASOTA, FL 34242
TITLE D	NAME HOGAN, PATRICK
STREET ADDRESS 3455 FLAMINGO AVE.	CITY-ST-ZIP SARASOTA, FL 34242
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

U00000718294  
 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:** Patrick Hogan 4/17/07 (941) 758-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #