

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000005477

1. Entity Name

COLUMBUS VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3455 FLAMINGO AVE.
SARASOTA, FL 34242

Mailing Address

3455 FLAMINGO AVE.
SARASOTA, FL 34242



03282008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOGAN, PATRICK
3455 FLAMINGO AVE.
SARASOTA, FL 34242

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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 reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000916484
05/13/08-80002-017 150.00

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
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

4/21/08

Date

(941) 374-1421

Daytime Phone #