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FILED  
Feb 13 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N09736**

(2)

1. Corporation Name:

**COLUMBIAN CLUB OF VERO BEACH, INC.**

Principal Place of Business:

Mailing Address:

**555 OSLO ROAD  
P.O. 6115  
VERO BEACH FL 32962**

**555 OSLO ROAD  
P.O. 6115  
VERO BEACH FL 32962**



3. Date Incorporated or Qualified

**06/13/1985**

4. FEI Number

**59-2289487**

Applied For  
Not Applicable

2. Principal Place of Business:

2a. Mailing Address:

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEEGAN, RICHARD E  
15094 AGUILA AVENUE  
FT. PIERCE FL 34951**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:

(Signature type does not protect name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE	PDM	<input checked="" type="checkbox"/> DELETE
NAME	CASS, EDWARD W	
STREET ADDRESS	6615 SPANISH LAKES BLVD.	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GARTHWAITE, ED	
STREET ADDRESS	13937 ENCANTARDO CIR.	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KEEGAN, RICHARD E	
STREET ADDRESS	15094 AGUILA AVENUE	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PEPIN, ROLAND	
1.3 STREET ADDRESS	1499 TUCAN ST.	
1.4 CITY - ST - ZIP	FT. PIERCE, FL. 34951	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P. CONFREY	
2.3 STREET ADDRESS	13959 DALIA AVE	
2.4 CITY - ST - ZIP	FT. PIERCE, FL. 34951	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

*Roland F. Pepin*

*Jan. 16, 1998*

CR2E037 (10/97)