FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 8:07

DOCUMENT # **N12786** **(2)**

1. Corporation Name
COLUMBUS CLUB OF SEBASTIAN, INC.

Principal Place of Business	Mailing Address
9800 US1 WABASSO FL	704 N. WATER WAY BAREFOOT BAY FL 32976

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1985
3a. Date of Last Report: 08/26/1994
4. FEI Number: 59-2637735 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VANDEVOORDE, RENE G.
1325 NORTH CENTRAL AVENUE
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	DITRAPANO, STEPHEN	12 NAME	
STREET ADDRESS	942 CHELSEA AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	DIR & V. PRES. ☒ Change ☐ Addition
NAME	COX, THOMAS	22 NAME	KENNETH G. GOAN
STREET ADDRESS	223 BILL ALLEN CIR.	23 STREET ADDRESS	749 DEMPSEY AVE.
CITY-ST-ZIP	SEBASTIAN FL 32958	24 CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE	DS	31 TITLE	DIR. & SECTY ☒ Change ☐ Addition
NAME	MARCISSIN, JOSEPH R.	32 NAME	WALTER KROWKA
STREET ADDRESS	533 SLOANE ST.	33 STREET ADDRESS	175 CHALOUPE TERR
CITY-ST-ZIP	SEBASTIAN FL	34 CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE	D	41 TITLE	DIR. ☒ Change ☐ Addition
NAME	SCHERER, CHESTER	42 NAME	JOHN W. KURAS
STREET ADDRESS	490 EASY ST	43 STREET ADDRESS	1060 DRACENA DR
CITY-ST-ZIP	SEBASTIAN FL	44 CITY-ST-ZIP	BAREFOOT BAY FL 32976
TITLE	D	51 TITLE	DIR. ☒ Change ☐ Addition
NAME	WOLFF, PAUL R.	52 NAME	GEORGE G. REID
STREET ADDRESS	8085 133RD PLACE	53 STREET ADDRESS	202 DELMONTE RD.
CITY-ST-ZIP	ROSELAND FL	54 CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE	DT	61 TITLE	☒ Change ☐ Addition
NAME	SOULE, BEN, R	62 NAME	
STREET ADDRESS	704 N WATER WAY DR	63 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	64 CITY-ST-ZIP	BAREFOOT BAY, FL 32976

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: B R Soule 5/24/95 407-664-7639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
B. R. Soule TREASURER

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