

FILE NOW: FILING FEE IS \$61.25

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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17525** (9)

1. Corporation Name

THE COLUMBUS CLUB OF ST. AUGUSTINE, INC.

Principal Place of Business

Mailing Address

P. O. BOX 771
121 ARREDONDO AVE.
ST. AUGUSTINE FL 32085

P. O. BOX 771
121 ARREDONDO AVE.
ST. AUGUSTINE FL 32085



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21	26	10/27/1986	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	
22	27	59-2829290	
City & State	City & State	Applied For	
23	28	Not Applicable	
Zip	Country	5. Certificate of Status Desired	
24	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		6. Election Campaign Financing	
		Trust Fund Contribution	
		7. Is this nonprofit corporation a homeowners association?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		8. This corporation owes or has paid the current year Intangible	
		Personal Property Tax due June 30.	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PELLICER, CHARLES E
28 CORDOVA STREET
ST. AUGUSTINE FL

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE	2.1 TITLE
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	3.1 TITLE
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	6.1 TITLE
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	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 on an attachment with an address.

SIGNATURE:

James A. DeVard JAMES A. DEVARD Treasurer

1-6-98

904-797-6000

CR2E037 (10/97)