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Secretary of State

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17525**

1. Corporation Name

**THE COLUMBUS CLUB OF ST. AUGUSTINE, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/27/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2829290
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**PELLICER, CHARLES E**  
28 CORDOVA STREET  
ST. AUGUSTINE FL

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 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	P	1.1 TITLE	President
NAME	GUENTHER, HOWARD V	1.2 NAME	HAROL Comeau
STREET ADDRESS	245 SEAWOODS DRIVE NORTH	1.3 STREET ADDRESS	112 OAK AVE
CITY-ST-ZIP	ST AUGUSTINE FL 32084	1.4 CITY-ST-ZIP	ST AUGUSTINE FL 32095
TITLE	SD	2.1 TITLE	
NAME	KUZNICK, TONY	2.2 NAME	
STREET ADDRESS	1382 SALAMANCA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	EVARD, JAMES A	3.2 NAME	
STREET ADDRESS	1509 SAN RAFAEL COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	GOMEZ, FRANK	4.2 NAME	
STREET ADDRESS	704 MICKLER BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	DUFRESNE, BRUCE	5.2 NAME	
STREET ADDRESS	18 SEMINOLE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	LOVELESS, ROLAND	6.2 NAME	
STREET ADDRESS	25 ALCIRA COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	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, with all other like empowered.

SIGNATURE:

*James A. Evard* TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)