2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# N22588

Entity Name: COLUMBIAN CLUB #2, INC.

Current Principal Place of Business:

2040 GRAND BLVD
HOLIDAY, FL 34690 US

New Principal Place of Business:

Current Mailing Address:

2040 GRAND BLVD
HOLIDAY, FL 34690 US

New Mailing Address:

FEI Number: 59-2965081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGARDO, ED
2040 GRAND BLVD
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PRINCE, TONY
Address: 7318 BRAMBLEWOOD DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: D ( ) Delete
Name: JAMES, FARRELL
Address: 3710 BEECHWOOD DR.
City-St-Zip: HOLIDAY, FL 34691

Title: D ( ) Delete
Name: PLAGENS, WALTER
Address: 3159 WEST JACKSON DR.
City-St-Zip: HOLIDAY, FL 34691

Title: D ( ) Delete
Name: ART, MORRILL
Address: 3315 MATCHLOCK DR.
City-St-Zip: HOLIDAY, FL 34690

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DENELLIO, JOSEPH P
Address: 1251 STADLER DRIVE
City-St-Zip: TRINITY, FL 34655

Title: D (X) Change ( ) Addition
Name: CORLETT, RICHARD
Address: 4208 SAIL DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change ( ) Addition
Name: DAVE, JANUCHOWSKI
Address: 2811 RABENDALE LANE
City-St-Zip: HOLIDAY, FL 34691

Title: D (X) Change ( ) Addition
Name: PLAGENS, WALTER
Address: 3519 WEST JACKSON DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: D ( ) Change (X) Addition
Name: ART, MORRILL
Address: 3315 MATCHLOCK DRIVE
City-St-Zip: HOLIDAY, FL 34692

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD MAGARDO D 01/08/2008

Electronic Signature of Signing Officer or Director — Date