

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 2:06

DOCUMENT # N31902 (2)
1. Corporation Name
BONITA SPRINGS COLUMBIAN HOME ASSOCIATION, INC.

Principal Place of Business Mailing Address
26308 LEXINGTON DR 26308 LEXINGTON DR
BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/24/1989 3a. Date of Last Report 05/25/1994
4. FEI Number 06-0416470 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

FELONG, JOSEPH
26308 LEXINGTON DR
BONITA SPRINGS FL 33923

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

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MUENCHEN, WILLIAM
STREET ADDRESS 27210 ENCLAVE DR.
CITY- ST- ZIP BONITA SPRINGS FL 33923
TITLE S
NAME GRANFIELD, WILLIAM
STREET ADDRESS 25603 DANCY CT.
CITY- ST- ZIP BONITA SPRINGS FL 33923
TITLE T
NAME GRANT, ALBERT
STREET ADDRESS 25593 DANCY CT
CITY- ST- ZIP BONITA SPRINGS FL
TITLE P
NAME FELONG, JOSEPH
STREET ADDRESS 26308 LEXINGTON DR
CITY- ST- ZIP BONITA SPRINGS FL
TITLE D
NAME RUEGG, JOHN
STREET ADDRESS 27272 BARBAROSA ST.
CITY- ST- ZIP BONITA SPRINGS FL 33923
TITLE D
NAME POLEY, MARTIN
STREET ADDRESS 1214 ORCHID ST.
CITY- ST- ZIP NAPLES FL 33963

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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)(b), 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: *Albert H. Grant, Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 6, 1995 (813) 947-3522
Date Telephone