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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N36447 (3)

1. Corporation Name
LAKE WORTH COLUMBIAN ASSOCIATION, INC.



Principal Place of Business
~~JOHN MULDOWNEY~~ 4820 CLINTON BLVD
~~LAKE WORTH FL 33463-2237~~
US
#10 NICHOLAS T. DESOTO
07-D ATRIUM CIR
ATLANTIS, FL
33462
Mailing Address
P.O. BOX 1423
LAKE WORTH FL 33460-1423
US

3. Date Incorporated or Qualified 02/02/1990
3a. Date of Last Report 01/31/1996

2. Principal Place of Business
21 NICHOLAS T. DESOTO
Suite, Apt. #, etc.
22 07-D ATRIUM CIRCLE
City & State
23 ATLANTIS FL
Zip Country
24 33462 25 USA
2a. Mailing Address
26 07-D ATRIUM CIRCLE
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

4. FEI Number 59-2076032
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
~~MULDOWNEY, JOHN~~
~~4820 CLINTON BLVD~~
~~LAKE WORTH FL 33463-2237~~
Desoto NICHOLAS T.
07-D ATRIUM CIRCLE
ATLANTIS, FL 33462

10. Name and Address of New Registered Agent
81 Name NICHOLAS T. DESOTO
82 Street Address (P.O. Box Number is Not Acceptable)
07-D ATRIUM CIRCLE
83 ATLANTIS, FL 33462
84 City ATLANTIS, FL 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: ~~John Muldowney~~ NICHOLAS T. DESOTO SVD 01/24/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD DELETE
NAME FRITZ, JERRY
STREET ADDRESS %SUNCO LANDSCAPE, 2269 2ND AVE. NORTH
CITY-ST-ZIP LAKE WORTH FL 33460
TITLE SVD DELETE
NAME DESOTO, NICHOLAS T.
STREET ADDRESS 7-D ATRIUM WAY CIRCLE
CITY-ST-ZIP ATLANTIS FL 33462
TITLE VTD DELETE
NAME MULDOWNEY, JOHN
STREET ADDRESS 4820 CLINTON BLVD.
CITY-ST-ZIP LAKE WORTH FL 33463
TITLE VD DELETE
NAME GURKLIS, CHARLES
STREET ADDRESS 714 SNOWDON TERR.
CITY-ST-ZIP LAKE WORTH FL 33460
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: SVD NICHOLAS T. DESOTO 01/24/97 561-967-4289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039050

CR2E037 (9/96)