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Feb 16 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 # **N38039** (6)

1. Corporation Name

NEW PORT RICHEY COLUMBIAN CLUB, INC.

Principal Place of Business

Mailing Address

C/O FRANK R KLAUSCH
5246 ALLAMANDA DRIVE
NEW PORT RICHEY FL 34652

C/O FRANK R KLAUSCH
5246 ALLAMANDA DRIVE
NEW PORT RICHEY FL 34652

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/08/1990

4. FEI Number

65-0227316

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

KLAUSCH, ROBERT L
5246 ALLANANDA DR
9470 SACRAMENTO DR
N PORT RICHEY FL 34655

81 Name

KLAUSCH, FRANK R.

82 Street Address (P.O. Box Number is Not Acceptable)

5407 Palmetto Rd.,

83

84 City

N. Port Richey,

FL

85 Zip Code

34652

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 **Frank R. Klausch, Pres.**

(NOTE: Registered Agent signature required when reinstating)

DATE **2/10/98**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **KLAUSCH, ROBERT L.**
STREET ADDRESS **9470 SACRAMENTO DR**
CITY-ST-ZIP **N PORT RICHEY FL**

TITLE **D** ☐ DELETE

NAME **DENAGA, WILLIAM**
STREET ADDRESS **5304 DRIFT TIDE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **SD** ☐ DELETE

NAME **TOMASKO, VINCENT G**
STREET ADDRESS **4444 SAWGRASS BLVD**
CITY-ST-ZIP **N PORT RICHEY FL**

TITLE **T** ☐ DELETE

NAME **ZACHERL, CLAIR**
STREET ADDRESS **5912 ILLINOIS AVE**
CITY-ST-ZIP **N PORT RICHEY FL**

TITLE **VB** ☒ DELETE

NAME **KLAUSCH, FRANK**
STREET ADDRESS **5407 PALMETTO ROAD**
CITY-ST-ZIP **N PORT RICHEY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Frank R. Klausch**

1.3 STREET ADDRESS **5407 Palmetto TRd..**

1.4 CITY-ST-ZIP **N. Port Richey, FL 34652**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **VD** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **Robert L. Klausch**

3.4 CITY-ST-ZIP **9470 Sacramento Dr.,**

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 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: **FRANK R. KLAUSCH**

1-6-98

813-849-4613

CP2E037 (10/97)