

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38039

FILED
Sep 13, 2005
Secretary of State

Entity Name: NEW PORT RICHEY COLUMBIAN CLUB, INC.

Current Principal Place of Business:

5246 ALLAMANDA DR.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5246 ALLAMANDA DR.
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 65-0227316 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOPASKA, PETER
8647 BRIDGEWATER DR
N PORT RICHEY, FL 34655 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: LOPASKA, PETER
Address: 8647 BRIDGEWATER DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP () Delete
Name: AMARANDO, MICHAEL
Address: 9118 HUNT CLUB LN
City-St-Zip: PORT RICHEY, FL 34668

Title: S () Delete
Name: SAMMELL, JOHN
Address: 7614 RADCLIFFE CIR #102B
City-St-Zip: PORT RICHEY, FL 34668

Title: T () Delete
Name: RIVERIA, BENJAMIN
Address: 10026 LIVING WORD COURT
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BENJAMIN RIVERA

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09/13/2005

Electronic Signature of Signing Officer or Director

Date