

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38039

FILED  
Sep 05, 2006  
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:**

RIVERA, BENJAMIN  
10026 LIVING WORD CT  
NEW PORT RICHEY, FL 34654      US

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: BENJAMIN RIVERA

09/05/2006

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: P      (X) Change ( ) Addition  
Name: AMARANDO, MICHAEL  
Address: 9118 HUNT CLUB LANE  
City-St-Zip: PORT RICHEY, FL 34668

Title: VP      (X) Change ( ) Addition  
Name: DEDEA, RAYMOND  
Address: 10705 KIM LANE  
City-St-Zip: HUDSON, FL 34669

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 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: BENJAMIN RIVERA

T

09/05/2006

Electronic Signature of Signing Officer or Director

Date