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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002823

1. Corporation Name

COLUMBIA CLUB OF SEBASTIAN INC.

Principal Place of Business

7707 GIBSON STREET
SEBASTIAN FL 32958

Mailing Address

7707 GIBSON STREET
SEBASTIAN FL 32958



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		05/18/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0836624	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

WOLFF, PAUL R
8085 133RD PLACE
ROSELAND FL 32957

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D/VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENZING, DANIEL L			1.2 NAME	SCHERER, CHESTER A.		
STREET ADDRESS	9455 108TH AVE.			1.3 STREET ADDRESS	490 EASY ST.		
CITY-ST-ZIP	VERO BEACH FL 32967			1.4 CITY-ST-ZIP	SEBASTIAN, FL 32958		
TITLE	D/T	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLEMONS, C W			2.2 NAME	OUELLETTE, PAUL A.		
STREET ADDRESS	762 CARNAVAL TERRACE			2.3 STREET ADDRESS	979 GARDENIA ST.		
CITY-ST-ZIP	SEBASTAIN FL 32958			2.4 CITY-ST-ZIP	SEBASTIAN, FL. 32958		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRAPANO, ANGELO DI			3.2 NAME	ERNST, JOSEPH R.		
STREET ADDRESS	962 CHELSEA AVE.			3.3 STREET ADDRESS	952 ROSE ARBOR DR.		
CITY-ST-ZIP	SEBASTAIN FL 32958			3.4 CITY-ST-ZIP	SEBASTIAN, FL 32958		
TITLE	D/T	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELMO, BEN S			4.2 NAME	YANNIE, VINCENT J.		
STREET ADDRESS	573 DURANT ST. S.W.			4.3 STREET ADDRESS	7960 126TH ST. P.O.BOX 512		
CITY-ST-ZIP	SEBASTIAN FL 32958			4.4 CITY-ST-ZIP	ROSELAND, FL 32957		
TITLE	D/P	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLFF, PAUL R.			5.2 NAME	DI TRAPANO, STEPHEN		
STREET ADDRESS	8085 133RD PLACE P.O.BOX 187			5.3 STREET ADDRESS	942 CHELSEA AVE		
CITY-ST-ZIP	ROSELAND, FL. 32957			5.4 CITY-ST-ZIP	SEBASTIAN FL 32958		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DERNBACH, EUGENE J			6.2 NAME			
STREET ADDRESS	920 LANCE ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP	SEBASTIAN, FL. 32958			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, with all other like empowered.

SIGNATURE: *Paul R. Wolff* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99 561-589-3514

Date Daytime Phone #