

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004672

FILED  
Aug 04, 2009  
Secretary of State

**Entity Name:** COLUMBIA SOUTHFORK HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

381 SW GRASSY LANE  
FT. WHITE, FL 32038

**New Principal Place of Business:**

911 SW GRASSY LANE  
FT. WHITE, FL 32038

**Current Mailing Address:**

381 SW GRASSY LANE  
FT. WHITE, FL 32038

**New Mailing Address:**

911 SW GRASSY LANE  
FT. WHITE, FL 32038

**FEI Number:** 59-3561393      **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:**

SALO, LINDA  
381 SW GRASSY LANE  
FT. WHITE, FL 32038      US

**Name and Address of New Registered Agent:**

FABIAN, FRED  
911 SW GRASSY LANE  
FT. WHITE, FL 32038      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: FRED FABIAN

08/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FISHER, SCOTT  
Address: 231 S.W. JADE CT.  
City-St-Zip: FORT WHITE, FL 32038

Title: S D ( ) Delete  
Name: SALO, LINDA  
Address: 381 SW GRASSY LANE  
City-St-Zip: FT. WHITE, FL 32038

Title: D ( ) Delete  
Name: BENAVIDES, PAM  
Address: 764 SW GRASSY LANE  
City-St-Zip: FT. WHITE, FL 32038

Title: P ( ) Delete  
Name: BUNNELL, KYLE  
Address: 1002 S. W. GRASS LANE  
City-St-Zip: FORT WHITE, FL 32038

Title: D ( ) Delete  
Name: BURTON, DEWEY  
Address: 420 SW GRASSY LANE  
City-St-Zip: FORT WHITE, FL 32038

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S D (X) Change ( ) Addition  
Name: FABIAN, FRED  
Address: 911 SW GRASSY LANE  
City-St-Zip: FT. WHITE, FL 32038

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 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: FRED FABIAN

S

08/04/2009

Electronic Signature of Signing Officer or Director

Date