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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746775 (6)

1. Corporation Name

COLUMBIA HOME ASSOCIATION OF CHARLOTTE COUNTY, I
NC.

Principal Place of Business

Mailing Address

P.O. BOX 15042
PORT CHARLOTTE FL 33948-0042

P.O. BOX 15042
PORT CHARLOTTE FL 33948-0042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/17/1979 3a. Date of Last Report 01/28/1994

4. FEI Number 59-146-1439 Applied For
~~59-1471974~~ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, WILLIAM M
264 HERNANDO AVE
PORT CHARLOTTE FL 33952

81 Name MARTIN GREENWALD
82 Street Address (P.O. Box Number is Not Acceptable) 2335 BROADRANCH DR.
83 PORT CHARLOTTE FL. 33948
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Martin Greenwald* (MARTIN GREENWALD) SECY DATE 2/20/95
Signature (agent or principal) of registered agent and the if applicable. (NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	ROBINSON, WILLIAM
STREET ADDRESS	264 HERNANDO AVE N.E.
CITY-ST-ZIP	PT. CHARLOTTE FL
TITLE	V
NAME	COURVILLE, GEORGE
STREET ADDRESS	198 ANGOL ST
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	S
NAME	ALLEN, BILLIE
STREET ADDRESS	2380 ABCOTT ST
CITY-ST-ZIP	PT. CHARLOTTE FL
TITLE	T
NAME	CONNORS, WILLIAM
STREET ADDRESS	912 MCCANDLES AVE
CITY-ST-ZIP	PT. CHARLOTTE FL
TITLE	TD
NAME	RAYMOND, RICHARD
STREET ADDRESS	1571 SHARPE ST
CITY-ST-ZIP	PT. CHARLOTTE FL
TITLE	T
NAME	MILLER, FRANK
STREET ADDRESS	21164 BURKHART DR
CITY-ST-ZIP	PT. CHARLOTTE FL

1.1 TITLE	P-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARTHOLIC RICHARD	
1.3 STREET ADDRESS	2184 NUREMBERG BLVD.	
1.4 CITY-ST-ZIP	PUNTA GORDA 33983	
2.1 TITLE	V-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRAUN DANIEL	
2.3 STREET ADDRESS	2333 1/2 ROUNDTREE AVE.	
2.4 CITY-ST-ZIP	PT. CHARLOTTE FL 33980	
3.1 TITLE	T-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ILIOU ADRIEN	
3.3 STREET ADDRESS	113 MILPORT ST.	
3.4 CITY-ST-ZIP	PORT CHARLOTTE FL. 33948	
4.1 TITLE	S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GREENWALD MARTIN	
4.3 STREET ADDRESS	2335 BROADRANCH DR.	
4.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ADAMO JOSEPH	
5.3 STREET ADDRESS	19588 CAROB ST.	
5.4 CITY-ST-ZIP	PORT CHARLOTTE FL. 33952	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	COCKE DAVID	
6.3 STREET ADDRESS	4374 MEAGER CIRCLE	
6.4 CITY-ST-ZIP	PORT CHARLOTTE FL. 33948	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Martin Greenwald* DATE: 2/20/95 MARTIN GREENWALD 1-813-743-0489
Signature (agent or principal) of signing officer or director. (NOTE: Registered Agent Signature required when re-registering)