

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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**

3. Date Incorporated or Qualified **04/17/1979** 3a. Date of Last Report **03/02/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **2421 Tamiami Trail** 26 **2421 Tamiami Trail**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **Port Charlotte, FL** 28 **Port Charlotte, FL**  
Zip Country 29 Zip Country  
24 **33952** 25 **U.S.A.** 30 **33952** 30 **U.S.A.**

4. FEI Number **59-1461439** Applied For 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GREENWALD, MARTIN  
2335 BROADRANCH DRIVE  
PORT CHARLOTTE FL 33948**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARTHOLIC, RICHARD</b>	
STREET ADDRESS	<b>2184 NUREMBERG BLVD.</b>	
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRAUN, DANIEL</b>	
STREET ADDRESS	<b>23331 ROUNDTREE AVE.</b>	
CITY - ST - ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ILIOU, ADRIEN</b>	
STREET ADDRESS	<b>113 MILPORT ST</b>	
CITY - ST - ZIP	<b>PT. CHARLOTTE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GREENWALD, MARTIN</b>	
STREET ADDRESS	<b>235 BROADRANCH DR</b>	
CITY - ST - ZIP	<b>PT. CHARLOTTE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ADAMO, JOSEPH</b>	
STREET ADDRESS	<b>19588 CAROB ST</b>	
CITY - ST - ZIP	<b>PT. CHARLOTTE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LOCKE, DAVID</b>	
STREET ADDRESS	<b>4374 MEAGER CIRCLE</b>	
CITY - ST - ZIP	<b>PT. CHARLOTTE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LOCKE DAVID</b>	
1.3 STREET ADDRESS	<b>4374 MEAGER CIRCLE</b>	
1.4 CITY - ST - ZIP	<b>PORT CHARLOTTE FL. 33948</b>	
2.1 TITLE	<b>V.D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ZAILSKAS EDWARD</b>	
2.3 STREET ADDRESS	<b>480 CICERO ST.</b>	
2.4 CITY - ST - ZIP	<b>PORT CHARLOTTE FL. 33948</b>	
3.1 TITLE	<b>T.D.</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>TARQUINI RAPHAEL</b>	
3.3 STREET ADDRESS	<b>26327 SHURE PR. FL.</b>	
3.4 CITY - ST - ZIP	<b>PORT CHARLOTTE FL. 33952</b>	
4.1 TITLE	<b>S.D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>GREENWALD MARTIN</b>	
4.3 STREET ADDRESS	<b>2335 BROADRANCH DR.</b>	
4.4 CITY - ST - ZIP	<b>PORT CHARLOTTE FL. 33948</b>	
5.1 TITLE	<b>D.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>BRAUN DANIEL DR.</b>	
5.3 STREET ADDRESS	<b>2331 ROUNDTREE DR.</b>	
5.4 CITY - ST - ZIP	<b>PORT CHARLOTTE FL. 33948</b>	
6.1 TITLE	<b>D.</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>SOUSA JOSEPH</b>	
6.3 STREET ADDRESS	<b>2437 HARBOR BL. PT. CHARLOTTE FL 33952</b>	
6.4 CITY - ST - ZIP	<b>PT. CHARLOTTE FL 33952</b>	

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 119.07(3)(k), 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 1-29-96 941-629-3429  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)