

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90100 013 ****61.25

0052046

DOCUMENT # 746775

1. Entity Name
COLUMBIA HOME ASSOCIATION OF CHARLOTTE COUNTY, I NC.



Principal Place of Business
**2421 TAMiami TRAIL
PORT CHARLOTTE FL 33952
US**

Mailing Address
**2421 TAMiami TRAIL
PORT CHARLOTTE FL 33952
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

4. FEI Number **59-1461439**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MACDONALD, RAYMOND	
STREET ADDRESS	1395 WIMETTE ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BATISTA, JOSE	
STREET ADDRESS	1180 DESMOND ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KETTLER, HERBERT	
STREET ADDRESS	3528 MIDDLETOWN ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAAS, FRANK	
STREET ADDRESS	184 N WATERWAY DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONES, RICHARD	
STREET ADDRESS	282 READING ST. N.W	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERS, THOMAS	
STREET ADDRESS	1465 SAINT GEORGE LN	
CITY-ST-ZIP	PUNTA GORDA FL 33983	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Greenlick	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2613 Rock Creek Drive	
CITY-ST-ZIP	Port Charlotte, Florida 33948	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Herbert A. Kettler* **HERBERT A. KETTLER 3-20-03 743-2791** 941

CR2E037 (10/02)