

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Apr 07, 2017**

**Secretary of State**

**CC4560613847**

DOCUMENT# N13137

**Entity Name:** COLUMBIAN #1, INC.

**Current Principal Place of Business:**

5850 K OF C DRIVE  
PORT RICHEY, FL 34668

**Current Mailing Address:**

5850 K OF C DRIVE  
PORT RICHEY, FL 34668 US

**FEI Number:** 59-3059658

**Certificate of Status Desired:** No

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

BEIL, EUGENE L  
12300 US HWY 19  
HUDSON, FL 34667 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:** EUGENE L. BEIL

04/07/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	BIRMINGHAM, JOHN M
Address	13211 NORMAN CIRCLE
City-State-Zip:	HUDSON FL 34669
Title	TREASURER
Name	LIPORI, JOHN E
Address	9714 MARLINTON LON
City-State-Zip:	PORT RICHEY FL 34668
Title	DIRECTOR
Name	EWALD, MARK
Address	5600 VIRGINIA AVE
City-State-Zip:	NEW PORT RICHEY FL 34652
Title	DIRECTOR
Name	LATON, FRANK J JR.
Address	9249 CALLE ALTA
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	PRESIDENT
Name	GRAFFAGNINO, PETER
Address	12025 HUDSON RIDGE DR. # 106
City-State-Zip:	PORT RICHEY FL 34668
Title	DIRECTOR
Name	LEGANO, MIKE S
Address	8335 UNITY DR
City-State-Zip:	PORT RICHEY FL 34668
Title	DIRECTOR
Name	BOURKE, MICHAEL J
Address	7526 PINEAPPLE LN
City-State-Zip:	PORT RICHEY FL 34668
Title	DIRCTOR
Name	DISTEFANO, URBNO
Address	7321 SAN SALVADOR DR
City-State-Zip:	PORT RICHEY FL 34668

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN LIPORI

**TREASURER**

04/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SALVGNO, VINCENT C  
Address        7429 EXECUTIVE WOODS CT  
City-State-Zip: PORT RICHEY FL 34668-1653