

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90059 046 \*\*\*\*61.25

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<b>DOCUMENT # N04000005305</b> 1. Entity Name 1600 CLUB CONDOMINIUM ASSOCIATION 2, INC.					
Principal Place of Business P O BOX 7568 SEMINOLE, FL 33775			Mailing Address P O BOX 7568 SEMINOLE, FL 33775		
2. Principal Place of Business 1600 1 <sup>st</sup> Street Suite, Apt., etc. Unit A		3. Mailing Address 8719 Twin Lake Drive Suite, Apt., etc.			
City & State Indian Rocks Beach, FL		City & State Tampa, FL		4. FEI Number 20-1600510 Applied For <input type="checkbox"/> Not Applicable	
Zip 33785 Country USA		Zip 33614 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SCHULER, TIMOTHY C 9075 SEMINOLE BLVD SEMINOLE, FL 33772				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 <u>Danny M. Sanabria</u> DATE <u>4/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME HENDRY, JAMES MICHAEL <input checked="" type="checkbox"/> Delete STREET ADDRESS P O BOX 7568 CITY-ST-ZIP SEMINOLE, FL 33775			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE STD NAME HENDRY, GWEN H <input checked="" type="checkbox"/> Delete STREET ADDRESS P O BOX 7568 CITY-ST-ZIP SEMINOLE, FL 33775			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME ARNOLD, CHARLES G <input checked="" type="checkbox"/> Delete STREET ADDRESS 6400 SEMINOLE BLVD CITY-ST-ZIP SEMINOLE, FL 33772			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE PRESIDENT NAME DANNY M. SANABRIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 8719 Twin Lake Blvd. CITY-ST-ZIP Tampa, FL 33614		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE TREASURER NAME MELBA H. SANABRIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 8719 Twin Lake Blvd. CITY-ST-ZIP Tampa, FL 33614		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Danny Sanabria</u> <u>4/10/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					