


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # N04000005305</b>                                     |  |
| <b>1. Entity Name</b><br>1600 CLUB CONDOMINIUM ASSOCIATION 2, INC. |   |

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|---|---|
| <b>Principal Place of Business</b><br>1600 1ST ST<br>UNIT A<br>INDIAN ROCKS BEACH, FL 33785 | <b>Mailing Address</b><br>8719 TWIN LAKES DR<br>TAMPA, FL 33614 |
|---|---|

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04162006 No Chg-NP CR2E037 (11/05)

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| <b>4. FEI Number</b><br>20-1600510                               | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

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| <b>6. Name and Address of Current Registered Agent</b><br><br>SCHULER, TIMOTHY C<br>9075 SEMINOLE BLVD<br>SEMINOLE, FL 33772 |
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**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 \_\_\_\_\_

|   |   |
|---|---|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS                            |   |
|---|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SANABRIA, DANNY M<br>8719 TWIN LAKES BLVD<br>TAMPA, FL 33614 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>SANABRIA, MELBA H<br>8719 TWIN LAKE BLVD<br>TAMPA, FL 33614  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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05/02/06-80127-013 61.25

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** DANNY SANABRIA Danny Sanabria 4/17/06 813-931-0674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #