

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90010 036 \*\*\*\*61.25

**DOCUMENT # N04000005305**

1. Entity Name

1600 CLUB CONDOMINIUM ASSOCIATION 2, INC.



Principal Place of Business

1600 1ST ST  
UNIT A  
INDIAN ROCKS BEACH FL 33785

Mailing Address

8719 TWIN LAKES DR  
TAMPA FL 33614

2. Principal Place of Business - No P.O. Box #

1600 1st St

3. Mailing Address

8719 TWIN LAKES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

City & State

INDIAN ROCKS BEACH FL

City & State

TAMPA FL

Zip

33785

Country

USA

Zip

33614

Country

Hillsborough

4. FEI Number

20-1600510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	P	<input type="checkbox"/> Delete
NAME	SANABRIA, DANNY M	
STREET ADDRESS	8719 TWIN LAKES BLVD	
CITY- ST- ZIP	TAMPA FL 33614	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANABRIA, MELBA H	
STREET ADDRESS	8719 TWIN LAKE BLVD	
CITY- ST- ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/07 813-597-7950  
Date Daytime Phone #