

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 MAR 13 AM 11:01**

**DOCUMENT # 762687 (2)**  
1. Corporation Name  
**CLUB 7621, INC.**

Principal Place of Business      Mailing Address  
**% DAVID P. MURRAY  
152 STAFFORD CIRCLE  
PALM HARBOR FL 34689  
US**      **% DAVID P. MURRAY  
152 STAFFORD CIRCLE  
PALM HARBOR FL 34689**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/31/1982**      3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **59-2716635**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.  
22. City & State      27. City & State  
23. Zip      28. Zip      29. Country      30. Country

9. Name and Address of Current Registered Agent  
**MURRAY, DAVID P  
152 STAFFORD CIRCLE  
PALM HARBOR FL 34689**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City      **FL**      85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Kenneth Robus*      **KENNETH ROBUS**      DATE: **2-8-95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b>	1.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, MICHAEL J</b>	1.2 NAME	<b>KENNETH ROBUS</b>
STREET ADDRESS	<b>1250 S. PINELLAS AVE., #609</b>	1.3 STREET ADDRESS	<b>3214 ROXBURY DR.</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	1.4 CITY-ST-ZIP	<b>HOLIDAY, FL. 34691</b>
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, DAVID P</b>	2.2 NAME	
STREET ADDRESS	<b>152 STAFFORD CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DZIERZANOWSKI, RONALD E</b>	3.2 NAME	
STREET ADDRESS	<b>1815 MARINER DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEARNS, RICHARD M.</b>	4.2 NAME	
STREET ADDRESS	<b>149 LAKE TARPON DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth Robus*      **KENNETH ROBUS**      DATE: **3-8-95**      TELEPHONE: **913-738-6109**  
Signature and typed or printed name of signing officer or director