

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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

3. Date Incorporated or Qualified  
**03/31/1982**

3a. Date of Last Report  
**03/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 **Kenneth Robus**

26 **Kenneth Robus**

4. FEI Number  
**59-2716635**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **3214 Roxbury Dr.**

27 **3214 Roxbury Dr.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Holiday, FL**

28 **Holiday, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **34691**

25 **US**

29 **34691**

30 **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURRAY, DAVID P  
152 STAFFORD CIRCLE  
PALM HARBOR FL 34689

81 Name

**Kenneth Robus**

82 Street Address (P.O. Box Number is Not Acceptable)

**3214 Roxbury Dr.**

83

**Holiday**

84 City

**FL**

**34691**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **KENNETH ROBUS**

*Kenneth Robus*

**2-20-96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **ROBUS, KENNETH**  
CITY-ST-ZIP **3214 ROXBURY DR.**  
**HOLIDAY FL**

1.1 TITLE **SD** ☒ Change ☐ Addition  
1.2 NAME **Kenneth Robus**  
1.3 STREET ADDRESS **3214 Roxbury Dr.**  
1.4 CITY-ST-ZIP **Holiday, FL 34691**

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **MURRAY, DAVID P**  
CITY-ST-ZIP **152 STAFFORD CIRCLE**  
**PALM HARBOR FL**

2.1 TITLE **PD** ☐ Change ☐ Addition  
2.2 NAME **Greg J. Perench**  
2.3 STREET ADDRESS **15740 Muirfield Dr.**  
2.4 CITY-ST-ZIP **Odessa, FL 33556**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **DZIERZANOWSKI, RONALD E**  
CITY-ST-ZIP **1815 MARINER DRIVE**  
**TARPOON SPRINGS FL**

3.1 TITLE **TD** ☐ Change ☐ Addition  
3.2 NAME **George A. Bonzagini**  
3.3 STREET ADDRESS **5645 Flora Ave.**  
3.4 CITY-ST-ZIP **Holiday, FL 34690**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **HEARNS, RICHARD M.**  
CITY-ST-ZIP **149 LAKE TARPOON DR.**  
**PALM HARBOR FL**

4.1 TITLE **VD** ☐ Change ☐ Addition  
4.2 NAME **Richard Chrzanowski**  
4.3 STREET ADDRESS **P.O. Box 2339**  
4.4 CITY-ST-ZIP **Palm Harbor, FL 34682**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 119.07(3)(k), 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 617, 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**

**2-20-96**

**813-938-6109**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)