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Feb 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

C/O KENNETH ROBUS
3214 ROXBURY DRIVE
HOLIDAY FL 34641
US

Mailing Address

C/O KENNETH ROBUS
3214 ROXBURY DRIVE
HOLIDAY FL 34691-4723
US



3. Date Incorporated or Qualified
03/31/1982

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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

ROBUS, KENNETH
3214 ROXBURY DRIVE
HOLIDAY FL 34691

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 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, Fla. Secy.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME ROBUS, KENNETH
STREET ADDRESS 3214 ROXBURY DR.
CITY-ST-ZIP HOLIDAY FL

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

TITLE PD
NAME PERENICH, GREG
STREET ADDRESS 15740 MUIRFIELD DRIVE
CITY-ST-ZIP ODESSA FL

2.1 TITLE PD
2.2 NAME Chrzanowski, Richard
2.3 STREET ADDRESS P.O. Box 2339
2.4 CITY-ST-ZIP Palm Harbor, FL 34682

TITLE TD
NAME BONZAGNI, GEORGE A.
STREET ADDRESS 5845 FLORA AVENUE
CITY-ST-ZIP HOLIDAY FL

3.1 TITLE TD
3.2 NAME Bonzagni, George A.
3.3 STREET ADDRESS 5845 Flora Avenue
3.4 CITY-ST-ZIP Holiday, FL 34691

TITLE VD
NAME CHRZANOWSKI, RICHARD
STREET ADDRESS P.O. BOX 2339
CITY-ST-ZIP PALM HARBOR FL

4.1 TITLE VD
4.2 NAME David P. Murray
4.3 STREET ADDRESS 152 Stafford Cir
4.4 CITY-ST-ZIP Palm Harbor, FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0088182

CR2E037 (9/96)