


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 US |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

9. Name and Address of Current Registered Agent

**ROBUS, KENNETH
3214 ROXBURY DRIVE
HOLIDAY FL 34691**

3. Date Incorporated or Qualified

03/31/1982

| | |
|------------------------------------|--|
| 4. FEI Number 59-2716635 | Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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 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, SO**

1-7-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-----------------------------|--|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | ROBUS, KENNETH | |
| STREET ADDRESS | 3214 ROXBURY DR. | |
| CITY-ST-ZIP | HOLIDAY FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | CHRNAWSKI, RICHARD | |
| STREET ADDRESS | P.O. BOX 2339 N/A | |
| CITY-ST-ZIP | PALM HARBOR FL 34682 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | BONZAGNI, GEORGE A. | |
| STREET ADDRESS | 5645 FLORA AVENUE | |
| CITY-ST-ZIP | HOLIDAY FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | MURRAY, DAVID P | |
| STREET ADDRESS | 152 STAFFORD CIR. | |
| CITY-ST-ZIP | PALM HARBOR FL 34684 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|----------------------------------|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | DUNCAN MACLEAN | |
| 3.3 STREET ADDRESS | 1028 LAKE AVOCADO DR. | |
| 3.4 CITY-ST-ZIP | TARPON SPRINGS, FL. 34689 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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: **Kenneth Robus (Kenneth Robus) SO**

1-7-98

813-938-6109

CR2E037 (10/97)