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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

199

DOCUMENT # 762687 (2)

1. Corporation Name

CLUB 7621, INC.

Principal Place of Business

Mailing Address

90 WALTER M<sup>C</sup>ALEER  
2254 CITRUS HILL LN. SAME  
PALM HARBOR, FL 34683

3. Date Incorporated or Qualified

03/31/1982

4. FEI Number

59-2716635

Apply

Not A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Add  
Fee Requi

6. Election Campaign Financing

☐

\$5.00 May  
Added to Fe

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intang  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNETH ROBUS  
3214 ROXBURY DR.  
HOLIDAY, FL

81

Name WALTER M<sup>C</sup>ALEER

82

Street Address (P.O. Box Number is Not Acceptable)  
2254 CITRUS HILL LANE

83

84

City PALM HARBOR FL

85

Zip Code 34683

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 r  
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 re  
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE WALTER M<sup>C</sup>ALEER

(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

TITLE SD ☒ DELETE

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

TITLE PD ☒ DELETE

NAME CHRNOWSKI, RICHARD  
STREET ADDRESS P.O. BOX 2339 N/A  
CITY-ST-ZIP PALM HARBOR FL 34682

TITLE TD ☐ DELETE

NAME MACLEAN, DUNCAN  
STREET ADDRESS 1028 LAKE AVOCADO DR.  
CITY-ST-ZIP TARPON, SPRINGS, FL 34689

TITLE VD ☐ DELETE

NAME MURRAY, DAVID P  
STREET ADDRESS 152 STAFFORD CIR.  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☒ Change

1.2 NAME M<sup>C</sup>ALEER, WALTER H.  
1.3 STREET ADDRESS 2254 CITRUS HILL LANE  
1.4 CITY-ST-ZIP PALM HARBOR, FL 34683

2.1 TITLE ☐ Change

2.2 NAME RODGERS, DAVE J.  
2.3 STREET ADDRESS 3653 OVERLAND DR.  
2.4 CITY-ST-ZIP HOLIDAY, FL 34691

3.1 TITLE ☐ Change

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change

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 in  
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  
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 appe  
Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter H Mc Aleer

April 26, 1999