2008 NOT-FOR-PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 14, 2008 08:00 A Secretary of State **DOCUMENT # N04000005305** 1. Entity Name 1600 CLUB CONDOMINIUM ASSOCIATION 2, INC. Principal Place of Business Mailing Address 1600 1ST ST 8719 TWIN LAKES BLVD UNIT A TAMPA, FL 33614 INDIAN ROCKS BEACH, FL 33785 CR2E037 (4/06) 04092008 No Chg-NP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1600510 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHULER, TIMOTHY C DO NOT WRITE 9075 SEMINOLE BLVD SEMINOLE, FL 33772 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SANABRIA, DANNY M U00000897989 04/25/08-80070-007 61.25 STREET ADDRESS 8719 TWIN LAKES BLVD CITY-ST-ZIP TAMPA, FL 33614 TITLE NAME SANABRIA, MELBA H STREET ADDRESS 8719 TWIN LAKE BLVD CITY-ST-ZIP TAMPA, FL 33614 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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