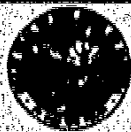


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N09465** (8)

1. Corporation Name

DAN'S ISLAND 1600 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**1650 GULF BLVD.
CLEARWATER FL 34630
US**

Mailing Address

**1650 GULF BLVD
CLEARWATER FL 34630**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

05/24/1985

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2596875

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$9.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for Intergovernmental tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITHS, KATHERINE
1650 GULF BLVD
CLEARWATER FL 34630**

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 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

SD

NAME

**SHNIDER, HAROLD
1600 GULF BLVD., #613
CLEARWATER FL**

STREET ADDRESS

CITY - ST - ZIP

FL

1.1 TITLE

SD

1.2 NAME

**HEIT, CAROL
1600 GULF BLVD. #513
CLEARWATER FL**

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

FL

TITLE

P

NAME

**LAPIN, ROBERT
1600 GULF BLVD. #217
CLEARWATER FL**

STREET ADDRESS

CITY - ST - ZIP

FL

2.1 TITLE

P

2.2 NAME

**HATCHER, ELINOR
1600 GULF BLVD. #1117
CLEARWATER FL**

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

FL

TITLE

VP

NAME

**DOYLE, JOSEPH
1600 GULF BLVD, PH4
CLEARWATER FL**

STREET ADDRESS

CITY - ST - ZIP

FL

3.1 TITLE

VP

3.2 NAME

**SOTIRELLIS, DORIS
1600 GULF BLVD. #715
CLEARWATER, FL**

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

FL

TITLE

TD

NAME

NEMEC, WILLIAM

STREET ADDRESS

CITY - ST - ZIP

FL

4.1 TITLE

TD

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

FL

TITLE

P

NAME

LAPIN, ROBERT

STREET ADDRESS

CITY - ST - ZIP

FL

5.1 TITLE

P

5.2 NAME

**HATCHER, ELINOR
1600 GULF BLVD. #1117
CLEARWATER, FL**

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

FL

TITLE

D

NAME

CHINONIS, ELI

STREET ADDRESS

CITY - ST - ZIP

FL

6.1 TITLE

D

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

FL

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/26/95 (813) 595-7270