## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

N09465 DOCUMENT #

(8)

DAN'S ISLAND 1600 CONDOMINIUM ASSOCIATION, INC.														
Principal Place of Business Mailing Address										# (09/1/18/1 0// 0 0// 18/// 0// 0//	DIEDI BAH DIDIA BIL		II OIBM EIDII (BDI	
1650 GULF BLVD. 1650 GULF BLVD														
CLEARWATER FL 34630 CLEARWATER FL 34630						30								
`	,,,								•	3. Date Incorporated or Qualif		ite of Las		
O District District										05/24/1985		05/01/	1995	
21	2. Principal Place of Business			<u> </u>	2a. Mailing Address				]	4. FEI Number 59-2598875			Applied For	
21	Suite, Apt. #, etc.				Suite, Apt. #, etc.					00 200010		607	Not Applicable	
22				27	27					5. Certificate of Status Desired			5 Additional Required	
	Oity & State			·	City & State					6. Election Campaign Financin	9 –	\$5.0	00 May Be	
23	Zip Country			<b>28</b>   Zip	Zip Country					Trust Fund Contribution		Add	ed to Fees	
24	Lip	25			29 30					8. This corporation has liability for intapgible tax under s, 199.032 Florida Statutes  Yes  No				
	9. Name and Address of Currer				<del></del>					10. Name and Address of New Registered Agent				
							81	Name						
ROSE, ALAN							82	Street	Address	(P.O. Box Number is Not Acce	otable)			
1650 GULF BLVD CLEARWATER FL 34630														
	CLEARN	MIEN FL 3	4000				83							
							84	City			FL	85 Z	ip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the								named co	orporation	on submits this statement for the	o wassa of obs	nging its	registered office	
or registered agent, or both, in the State of Florida. Such change was authorized by familiar with, and accept the bayfurtions of, Section 617.0503, Florida Statutes.								oration's	board o	of directors. I hereby accept the	appointment as	registere	d agent. I am	
SIGNATURE MANAGE. HLAN S. KOSE - MANAGE										3/	20/91	4		
12	 !.	Signature, typed	or printed name of registered agr OFFICERS A	ent and title if applica IND DIRECTOR		OTE: Registere		t signature re	equired wh	non reinstating) ADDITIONS/CHANGIS TO	DATE DEFICEDS AND	DIDECT	000 KL 10	
TITI	LE	90 P			DELETE		TITLE		PR	e3	1	Change	Addition	
NAI	ME	HEIT, CA				1.2	NAME		HE	IT, CAROL O GULF BLUD. #			<u></u>	
STF	REET ADDRESS		LF BLVD. #513			1.3 \$	STREET	ADDRESS	160	O'GULF BLUD #	513			
	Y-ST-ZIP	P	ATER FL		-		CITY-S	1-ZIP	61	ARWATER FLA.	<del></del>			
TITI		•	R, ELINOR		DELETE		TITLE		Δ1.	יי מרו או אויים או		Change	Addition	
			LF BLVD., #1117				NAME	ADDRESS	140	TIRELLIS DOA	4715			
	CITY-ST-ZIP CLEARY		ATER FL				CiTY-S			CARWATER, 1714		<b>A</b>		
TITL	.E	VP			DOELETE	3.1 7			TR	<i>es</i>	<u> </u>	Change	Addition	
NAM			LIS, DORIS			3.21	NAME		200	SPER JULES	1/ =		•	
	IEET ADDRESS		LF BLVD. #715			3.3 9	STREET.	ADDRESS	160	OGULF BLUD.	# 212			
TITL	Y-ST-ZIP	CLEARW TD	AIEN FL		DELETE	3.4. 4.1 T	CITY-S		NA	CARWATER FLA	3463	30	F0 444	
NAN		NEMEC,	WILLIAM		L Decerie		NAME			RETARY 1		] Change	Addition	
	EET ADDRESS		LF BLVD #814					ADDRESS	160	KSON, SARA O GULF BLUD.	#914			
CIT	Y-ST-ZIP	CLEARW	ATER FL		,		HY-SI	r-ZIP	CLE	ARWATER FLA	34630	,		
TITL	.E	P		DOELETE		5.1 T	5.1 TITLE		DiR	ARWATER FLA.	[	Change	☐ Addition	
NAN -	1		R, ELINOR				IAME		Lh	ECTOR INONIS, ELI OGULF BLVO. 4, CARWATER, FL				
	EET ADDRESS	1600 GU CLEARW	LF BLVD. #1117					ADDRESS	160	OGULF BLUD. 4	211	_		
TITL	Y-ST-ZIP E	D	AICH FL		DELETE	5.4 C	ITY-SI	1-ZIP	WL	CAKWATER FLI	4.346	J Change	Addition	
NAN		CHINON	S. EU		I WOLLLIE		AME			•	L	Triange	Addition	
	eet address		LF BLVD. #211					ADDRESS						
CITY	CITY-ST-ZIP CLEARWATER FL							r- ZIP						
14.	do hereby	y certify that t	the information supplied	with this filing	is voluntarily furr	nished and	doos	not qual	lify for th	ne exemption stated in Section 1	19.07(3)(k). Flor	ida Statu	tes 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 of 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 often attachment with an address.

SIGNATURE:

CAROL HEIT
DIRECTOR DAS

813-595-1736 Destrine Prone #

CR2E037 (12/95)