

2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-06-2000 90008 032 ****61.25

DOCUMENT # N09465

1. Entity 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 33767-2926

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2598875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROSE, ALAN~~
~~1650 GULF BLVD~~
~~CLEARWATER FL 34630~~

Name

JIM KLEE

Street Address (P.O. Box Number is Not Acceptable)

1650 GULF BLVD.

City

CLEARWATER

FL

Zip Code

33767

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.

SIGNATURE

JAMES W. KLEE PROP. MGR. LCAM

James W. Klee

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
 NAME **LITEWSKI, AL**
 STREET ADDRESS **1600 GULF BLVD 1013**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **P** ☒ Change ☐ Addition
 NAME **SUSAN STAINBACK** Director
 STREET ADDRESS **1600 GULF BLVD. # 212**
 CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **VP** ☐ Delete
 NAME **SIKORA, EDWARD** Director
 STREET ADDRESS **1600 GULF BLVD.**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Co.T** ☒ Delete
 NAME **JAKIEL, JAKE**
 STREET ADDRESS **1600 GULF BLVD 218**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **Co.T** ☐ Change ☒ Addition
 NAME **JIM KEANE** Director
 STREET ADDRESS **1600 GULF BLVD 514**
 CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **D** ☒ Delete
 NAME **STAINBACK, SUSAN** NOW PRESIDENT
 STREET ADDRESS **1600 GULF BLVD. #212**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **CHINONIS, EU**
 STREET ADDRESS **1600 GULF BLVD. #211**
 CITY-ST-ZIP **CLEARWATER FL 34630**

TITLE **Co.T** ☐ Change ☒ Addition
 NAME **SPENCER FREEDMAN** Director
 STREET ADDRESS **1600 GULF BLVD, 1111**
 CITY-ST-ZIP **CLEARWATER, FL. 33767**

TITLE **S** ☐ Delete
 NAME **ABRAMS, GLORIA** Director
 STREET ADDRESS **1600 GULF BLVD 714**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-6-00 727-596-721

2000-17 (9/98)