2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90051 025 ****61.25

DOCUMENT # N09465

1. Entity Name

DAN'S ISLAND 1600 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1650 GULF BLVD. CLEARWATER FL 34630 US	1650 GULF BLVD CLEARWATER FL 33767

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. SAME AS ABOVE	Suite, Apt. #, etc. SAME AS ABOVE
City & State	City & State
Zip / Country PINELLAS	Zip / Country PINELLAS

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

~~KLEE, JIM~~
~~1650 GULF BLVD~~
~~CLEARWATER FL 34630~~

7. Name and Address of New Registered Agent

Name RESOURCE PROPERTY MGNT
Street Address (P.O. Box Number is Not Acceptable) 103 CLEVELAND AVE. S.W.
LI
City LARGO **FL** Zip Code 33770

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 Susan Garcia, Community Mgr. (SUSAN GARCIA) DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STAINBACK, SUSAN 1600 GULF BLVD #212 CLEARWATER FL 33767	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EDWARD SIKORA 1600 GULF BLVD #313 CLEARWATER. FL. 33767	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SIKORA, EDWARD 1600 GULF BLVD. CLEARWATER FL 33767	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROGER SCHAFFER 1600 GULF BLVD #413 CLEARWATER, FL. 33767	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCT KEANE, JIM 1600 GULF BLVD #514 CLEARWATER FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER BRYAN FIRTH 1600 GULF BLVD #616 CLEARWATER, FL. 33767	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCT FREEDMAN, SPENCER 1600 GULF BLVD, 1111 CLEARWATER FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY RUTH COMROE 1600 GULF BLVD #516 CLEARWATER, FL. 33767	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ABRAMS, GLORIA 1600 GULF BLVD 714 CLEARWATER FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ELIAS CHINONIS 1600 GULF BLVD #211 CLEARWATER, FL. 33767	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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] EQUIP. President 4/26/01 593-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #