

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **758993** (0)

1. Corporation Name
SILVER SANDS BEACH AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 6595 SUNSET WAY, ST. PETERSBURG BEACH FL 33706
Mailing Address: 6595 SUNSET WAY, ST. PETERSBURG BEACH FL 33706

3. Date Incorporated or Qualified: 07/01/1981
3a. Date of Last Report: 03/20/1995

21	2. Principal Place of Business	2a. Mailing Address
	6500 Sunset Way	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
	St. Pete Beach Fl	St. Pete Beach Fl
24	Zip	Zip
25	Country	Country
	Puerto Rico	Puerto Rico
29		30

4. FEI Number: 59-2095817
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ZACUR, RICHARD
5200 CENTRAL AVE.
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOLF, JULIUS	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETERSBURG BCH. FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARLOW, MR. HAL	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST-PETE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAINES, WILLIAM	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FALLER, ROBERT	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SINNETT, JIM	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICKARD, WILLIAM	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	PHYLLIS MEADOWS
2.4 CITY-ST-ZIP	6595 SUNSET WAY
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33706
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PD
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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 or 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 on an attachment with an address.

SIGNATURE: *William M. Rickard* 3/21/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)