

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758993 (0)
1. Corporation Name
SILVER SANDS BEACH AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6500 SUNSET WAY ST PETERSBURG BEACH FL 33706 US	Mailing Address 6595 SUNSET WAY ST PETERSBURG BEACH FL 33706-2179 US
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3. Date Incorporated or Qualified 07/01/1981	3a. Date of Last Report 03/26/1996
4. FEI Number 59-2095817	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, JULIUS	1.2 NAME	
STREET ADDRESS	6595 SUNSET WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG BCH. FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOWS, PHYLLIS	2.2 NAME	
STREET ADDRESS	6595 SUNSET WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINES, WILLIAM	3.2 NAME	
STREET ADDRESS	6595 SUNSET WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLER, ROBERT	4.2 NAME	
STREET ADDRESS	6595 SUNSET WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINNETT, JIM	5.2 NAME	
STREET ADDRESS	6595 SUNSET WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKARD, WILLIAM	6.2 NAME	
STREET ADDRESS	6595 SUNSET WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE BEACH FL	6.4 CITY-ST-ZIP	

14. I do 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 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: *Phyllis H. Meadows* 317/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050257

CR2E037 (9/96)