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**Mar 11, 1999 8:00 am**  
**Secretary of State**

0052750

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

03-11-1999 90168 034 \*\*\*\*61.25

DOCUMENT # 758993

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 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/01/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2095817	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZACUR, RICHARD 5200 CENTRAL AVE. ST. PETERSBURG FL 33710				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	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	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>KRAMER, BARON</del>	2.2 NAME	D JAMES ROSS
STREET ADDRESS	<del>6595 SUNSET WAY</del>	2.3 STREET ADDRESS	6595 SUNSETWAY
CITY-ST-ZIP	ST PETERSBURG BEACH FL	2.4 CITY-ST-ZIP	ST PETE BEACH, FL 33706
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSSER, GEORGETTE	3.2 NAME	SEC
STREET ADDRESS	6595 SUNSET WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	PD	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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINNETT, JIM	5.2 NAME	VP
STREET ADDRESS	6595 SUNSET WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>RICKARD, WILLIAM</del>	6.2 NAME	D ROY WIGHT
STREET ADDRESS	<del>6595 SUNSET WAY</del>	6.3 STREET ADDRESS	6595 SUNSETWAY
CITY-ST-ZIP	ST PETE BEACH FL	6.4 CITY-ST-ZIP	ST PETE BEACH, FL 33706

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED *Georgette Nusser* \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)