

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

0041789

03-31-2002 90332 033 \*\*\*\*61.25

**DOCUMENT # 758993**

1. Entity Name

**SILVER SANDS BEACH AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6500 SUNSET WAY  
 ST PETERSBURG BEACH FL 33706  
 US

6595 SUNSET WAY  
 ST PETERSBURG BEACH FL 33706  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2095817**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**ZACUR, RICHARD**  
**5200 CENTRAL AVE.**  
**ST. PETERSBURG FL 33710**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>BORSUM, ROBERT</b>
STREET ADDRESS	<b>6595 SUNSET WAY</b>
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33706 ST Pete Beach</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ROSS, JAMES</b>
STREET ADDRESS	<b>6595 SUNSET WAY</b>
CITY-ST-ZIP	<b>ST PETERSBURG BEACH FL 33706 ST. Pete Beach</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>BALDWIN, CYNTHIA +</b>
STREET ADDRESS	<b>6595 SUNSET WAY</b>
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33706 ST. Pete Beach</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>Nusser NASSIE, GEORGETTE</b>
STREET ADDRESS	<b>6595 SUNSET WAY</b>
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33706 ST. Pete Beach</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete
NAME	<b>LAY, FRANK</b>
STREET ADDRESS	<b>6595 SUNSET WAY</b>
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33706</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WIGHT, ROY</b>
STREET ADDRESS	<b>6595 SUNSET WAY</b>
CITY-ST-ZIP	<b>ST PETE BEACH FL 33706</b>

TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert Zettel</b>
STREET ADDRESS	<b>6595 Sunset Way</b>
CITY-ST-ZIP	<b>ST. Pete Beach, FL 33706</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joseph Gonzalez</b>
STREET ADDRESS	<b>6595 Sunset Way</b>
CITY-ST-ZIP	<b>St. Pete Beach, FL 33706</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Effie Frangos</b>
STREET ADDRESS	<b>6595 Sunset Way</b>
CITY-ST-ZIP	<b>ST. Pete Beach, FL 33706</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Deborah Giacinto</b>
STREET ADDRESS	<b>6595 Sunset Way</b>
CITY-ST-ZIP	<b>ST. Pete Beach, FL 33706</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>William Rickard</b>
STREET ADDRESS	<b>6595 Sunset Way</b>
CITY-ST-ZIP	<b>ST. Pete Beach, FL 33706</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert Borsum**

**2-27-02**

**367-4801**

Date Daytime Phone #

CF2E037 (9/01)