

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2: 13

DOCUMENT # **N20919 (9)**
1. Corporation Name
SILVER SANDS BEACH AND RACQUET CLUB MASTER ASSOC IATION, INC.

Principal Place of Business Mailing Address
6595 SUNSET WAY ST. PETERSBURG FL 33706 **6595 SUNSET WAY ST. PETERSBURG FL 33706**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/11/1987** 3a. Date of Last Report **03/21/1994**
4. FEI Number **59-2894984** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**ZACUR, RICHARD A.
MENSCH, ZACUR & GARHAM, P.A.
5200 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	MARLOW, HAL
STREET ADDRESS	6500 SUNSET WAY A-202
CITY-ST-ZIP	ST. PETE BEACH FL
TITLE	D
NAME	REMINGTON, CARL MR.
STREET ADDRESS	6800 SUNSET WAY B-121
CITY-ST-ZIP	ST. PETE BEACH FL
TITLE	D
NAME	MERWIN, C E
STREET ADDRESS	6500 SUNSET WAY A-509
CITY-ST-ZIP	ST PETE BEACH FL
TITLE	PD
NAME	MYERS, JIM
STREET ADDRESS	6650 SUNSET WAY #218
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VPD
NAME	PYLE, DR BILL
STREET ADDRESS	6800 SUNSET WAY B-520
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	TD
NAME	PRESTERA, ANN
STREET ADDRESS	6650 SUNSET WAY #120
CITY-ST-ZIP	ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6595 SUNSET WAY
1.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33706
2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6595 SUNSET WAY
2.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33706
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WOLF, JULIUS
3.3 STREET ADDRESS	6595 SUNSET WAY
3.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33706
4.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	6595 SUNSET WAY
4.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33706
5.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	6595 SUNSET WAY
5.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33706
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SEYLER, BOB
6.3 STREET ADDRESS	6595 SUNSET WAY
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... 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 17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Hal Marlow

Date: **3/10/95** Daytime Phone: **340-4706**

D
KEATOR, CHARLES
6595 SUNSET WAY
ST. PETE BEACH, FL 33706