

# 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 # N20919 (9)**

1. Corporation Name

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

Principal Place of Business

**6595 SUNSET WAY  
ST. PETERSBURG FL 33706**

Mailing Address

**6595 SUNSET WAY  
ST. PETERSBURG FL 33706**



3. Date Incorporated or Qualified  
**06/11/1987**

3a. Date of Last Report  
**03/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-2894984**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZACUR, RICHARD A.  
MENSH, ZACUR & GARHAM, P.A.  
5200 CENTRAL AVENUE  
ST. PETERSBURG FL 33707**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARLOW, HAL	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST. PETE BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REMINGTON, CARL MR.	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST. PETE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLF, JULIUS	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MYERS, JIM	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PLYE, DR BILL	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEYLER, BOB	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BEACH FL	

11 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ROBERT ROBINS	
13 STREET ADDRESS	6595 SUNSET WAY	
14 CITY-ST-ZIP	ST. PETE BEACH, FL 33706	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	PD	
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

*Carl R Remington President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

Date Daytime Phone #

CR2E037 (12/95)