

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 BEACH FL 33706 US	Mailing Address 6595 SUNSET WAY ST PETERSBURG BEACH FL 33706-2179 US
---	--

3. Date Incorporated or Qualified 06/11/1987	3a. Date of Last Report 03/29/1996
4. FEI Number 59-2894984	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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

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 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 *[Handwritten Signature]* **3-12-97**

CR2E037 (9/96)