

FILE NOW: FILING FEE IS \$61.25

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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
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DOCUMENT # N20919 (9)

1. Corporation Name

SILVER SANDS BEACH AND RACQUET CLUB MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**6595 SUNSET WAY
ST PETERSBURG BEACH FL 33706
US**

**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
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2894984		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZACUR, RICHARD A.
MENSCH, 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	TD	1.1 TITLE	D
NAME	ROBINS, ROBERT	1.2 NAME	
STREET ADDRESS	6595 SUNSET WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	D
NAME	REMINGTON, CARL MR.	2.2 NAME	
STREET ADDRESS	6595 SUNSET WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WOLF, JULIUS	3.2 NAME	
STREET ADDRESS	6595 SUNSET WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	TD
NAME	MYERS, JIM	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	SD	5.1 TITLE	
NAME	PLYE, DR BILL	5.2 NAME	
STREET ADDRESS	6595 SUNSET WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE BEACH FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	PD
NAME	SEYLER, BOB	6.2 NAME	
STREET ADDRESS	6595 SUNSET WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE BEACH FL	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

[Signature]

3-12-97

CR2E037 (9/96)