


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 6595 SUNSET WAY ST PETERSBURG BEACH FL 33706 US	Mailing Address 6595 SUNSET WAY ST PETERSBURG BEACH FL 33706 US
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3. Date Incorporated or Qualified 06/11/1987	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-2894984		

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
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINS, ROBERT	1.2 NAME	PD
STREET ADDRESS	6595 SUNSET WAY	1.3 STREET ADDRESS	JAMES ROSS
CITY-ST-ZIP	ST PETERSBURG BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	JD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINS, ROBERT	5.2 NAME	SD
STREET ADDRESS	6595 SUNSET WAY	5.3 STREET ADDRESS	Robert Arnold
CITY-ST-ZIP	ST PETE BEACH FL	5.4 CITY-ST-ZIP	
TITLE	DB <input type="checkbox"/> DELETE	6.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *James Ross* 3-12-98 813 360-4706

CR2E037 (10/97)