

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90062 019 ****61.25

DOCUMENT # N20919

1. Corporation Name

SILVER SANDS BEACH AND RACQUET CLUB MASTER ASSOC
IATION, 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/11/1987

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ROSS, JAMES
STREET ADDRESS 6595 SUNSET WAY
CITY-ST-ZIP ST PETERSBURG BEACH FL

TITLE TD ☐ DELETE

NAME REMINGTON, CARL MR.
STREET ADDRESS 6595 SUNSET WAY
CITY-ST-ZIP ST. PETE BEACH FL

TITLE D ☐ DELETE

NAME WOLF, JULIUS
STREET ADDRESS 6595 SUNSET WAY
CITY-ST-ZIP ST PETE BEACH FL

TITLE VD ☒ DELETE

NAME MYERS, JIM
STREET ADDRESS 6595 SUNSET WAY
CITY-ST-ZIP ST PETE BEACH FL

TITLE SD ☒ DELETE

NAME ARNOLD, ROBERT
STREET ADDRESS 6595 SUNSET WAY
CITY-ST-ZIP ST PETE BEACH FL

TITLE TD ☐ DELETE

NAME SEYLER, BOB
STREET ADDRESS 6595 SUNSET WAY
CITY-ST-ZIP ST PETE BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE PD ☐ Change ☐ Addition

3.2 NAME WILLIAM PYLE
3.3 STREET ADDRESS 6595 SUNSET WAY
3.4 CITY-ST-ZIP ST PETE BEACH FL 33706

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE SD ☐ Change ☐ Addition

5.2 NAME GEORGETTE NUSSEK
5.3 STREET ADDRESS 6595 SUNSET WAY
5.4 CITY-ST-ZIP ST PETE BEACH FL

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

3-31-99

360-4706

CR2E037-11/98