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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20919

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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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	3. Date Incorporated or Qualified 06/11/1987	4. FEI Number 59-2894984 Applied For 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
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSS, JAMES	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETERSBURG BEACH FL	
TITLE	TD	<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	VD	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, JIM	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, ROBERT	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BEACH FL	
TITLE	TD	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: 3-31-99 DAYTIME PHONE #: 360-4706

CR2E037-11/98