
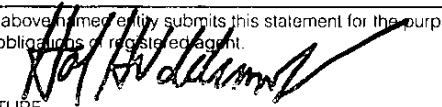


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

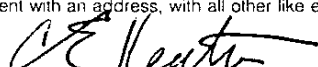
**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90290 002 \*\*\*\*61.25

<b>DOCUMENT # N20919</b> 1. Entity Name <b>SILVER SANDS BEACH AND RACQUET CLUB MASTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>6595 SUNSET WAY ST PETE BEACH FL 33706 US</b>			Mailing Address <b>6595 SUNSET WAY ST PETE BEACH FL 33706 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2894984</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COMMUNITY MANAGEMENT CONCEPTS, INC. 4175 EAST BAY DR., STE 205 CLEARWATER FL 33764</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE  <div style="float: right; text-align: right;">         DATE _____       </div>					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>to VP</b> NAME <b>CADY, DUFF</b> STREET ADDRESS <b>6595 SUNSET WAY</b> CITY-ST-ZIP <b>SAINT PETERSBURG FL 33706</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>T</b> NAME <b>VICKERS, LARRY</b> STREET ADDRESS <b>6595 SUNSET WAY</b> CITY-ST-ZIP <b>SAINT PETERSBURG FL 33706</b>	<input type="checkbox"/> Delete		TITLE NAME <b>Bres. Pete Barchfeld</b> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>P. Lic</b> NAME <b>PLYLE, WILLIAM</b> STREET ADDRESS <b>6595 SUNSET WAY</b> CITY-ST-ZIP <b>SAINT PETERSBURG FL 33706</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>P. Treas</b> NAME <b>ZETTEL, ROBERT</b> STREET ADDRESS <b>6595 SUNSET WAY</b> CITY-ST-ZIP <b>SAINT PETERSBURG FL 33706</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>S</b> NAME <b>BRODERSON, TOM</b> STREET ADDRESS <b>6595 SUNSET WAY</b> CITY-ST-ZIP <b>SAINT PETERSBURG FL 33706</b>	<input type="checkbox"/> Delete		TITLE NAME <b>Bot Rorbaum Dir</b> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>VP Director</b> NAME <b>STARK, EDWIN</b> STREET ADDRESS <b>6595 SUNSET WAY</b> CITY-ST-ZIP <b>SAINT PETERSBURG FL 33706</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



4/3/06

# ATTACHMENT

40070249

#1020919

## SILVER SANDS CONDOMINIUM MASTER ASSOCIATION BOARD OF DIRECTORS 2006-2007

President	P	Pete Barchfeld ✓	C-212
Vice-President	VP	Duff Cady ✓	C-117
Treasurer	T	Bob Zettel ✓	A-315
Secretary	S	Bill Pyle ✓	B-520
Director	D	Bob Borsum	A-507
Director	D	Charlie Keator	C-215
Director	D	Debbie Giaquinto	A-419
Director	D	Ed Stark	B-210
Director	D	Brian Rose	B-221

6500 Sunset Way

Bob Zettel  
Unit A-315

Bob Borsum  
Unit A-507

Debbie Giaquinto  
Unit A-419

6600 Sunset Way

William "Bill" Pyle  
Unit B-520

Ed Stark  
Unit B-210

Brian Rose  
Unit B-221

6650 Sunset Way

Pete Barchfeld  
Unit C-212

Duff Cady  
Unit C-117

Charlie Keator  
Unit C-215

ALL: St. Pete Beach, FL. 33706