## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2008 8:00 am Secretary of State

| DOCUMENT # N20919  1. Entity Name SILVER SANDS BEACH AND RACQUET CLUB MASTER ASSOCIATION, INC.  |   |  |  |  | 04-18-2008 9   | 90030 016 **                  | **61.25   |
|---|---|--|--|--|--|-------------------------------|---|
| Principal Plac<br>6595 SUNSE<br>ST PETE BE  |   | Mailing Address<br>6595 SUNSET WAY<br>ST PETE BEACH, FL 33     | 706 US   |  |  |                               |   |
| Principal Place of Business - No P.O. Box #     3. Mailin   |   | 3. Mailing Address   | ailing Address   |  |  |                               |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  | 02212008   | Chg-NP   | CR2E037 (1                    | 2/06)   |
| City & State  |   | City & State   |  | 4. FEI Number 59-289   |  |                               | Applied For<br>Not Applicable   |
| Zip   | Country   | Zip  | Country  | 5. Certificate   | of Status Desired  |                               | 75 Additional<br>Required   |
|   | 6. Name and Address of Current F  | tegistered Agent   |  | 7 Nama and   | A  |                               |   |
| COMMUN<br>4175 EAS<br>CLEARVA   | ITY MANAGEMENT CONCEPT<br>TXAY DR., STE 205<br>STER, FL 33764   | Name KIRK BLISS Street Add CMC                                 |  |  |  |                               |   |
| •   | •   |  |  |  | ay Dr., Suite  | 205                           |   |
|   |   | City   | Clearwater, FL 33764   |  |  |                               |   |
|   | e named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent a  | Zhas   |  |  | th, in the State of Flo  | 108                           | ar with, and accept   |
|   | Signatore, typed or printed rights or registered agent a  | no lite il applicable. (NOTE.                                  | Registered Agent signatu   | re required when reinstating)  |  | DATE                          |   |
| ,   | Filing Fee is \$61.25<br>Due by May 1, 2008   | 9. Election Camp<br>Trust Fund Co                              | paign Financing  | \$5.00 May E Added to Fees   |  | lake check pay                | yable to mint of State  |
| 10.   | Filing Fee is \$61.25<br>Due by May 1, 2008<br>OFFICERS AND DIR   | 9. Election Camp<br>Trust Fund Co                              | paign Financing  | \$5.00 May E<br>Added to Fees  |  | lake check pay                | nt of State   |
| TITLE<br>NAME<br>STREET ADDRESS   | Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIR FRANGOS, IFIGENIA 6595 SUNSET WAY  | 9. Election Camp<br>Trust Fund Co<br>ECTORS                    | paign Financing ontribution.  11. TITLE NAME STREET ADDRESS  | \$5.00 May E Added to Fees  ADDITIONS/CH  W. M. am  65.75 Suns   | ANGES TO OFFICE  | ilake check parida Departmen  | ORS IN 10 Change Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIR FRANGOS, IFIGENIA 6595 SUNSET WAY SAINT PETERSBURG, FL 33706   | 9. Election Camp<br>Trust Fund Co<br>ECTORS                    | paign Financing ontribution.  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | \$5.00 May B Added to Fees ADDITIONS/CH  | ANGES TO OFFICE  | rida Departmen                | ORS IN 10 Change Addition   |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIR  FRANGOS, IFIGENIA 6595 SUNSET WAY SAINT PETERSBURG, FL 33706  MP () BALDWIN, CYNTHIA 6595 SUNSET WAY SAINT PETERSBURG, FL 33706   | 9. Election Camp Trust Fund Co ECTORS Delete Delete            | paign Financing ontribution.  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | \$5.00 May E Added to Fees  ADDITIONS/CH  W. M. am F 6595 SUNS Saint Pet  T KITBY (to: 6595 SUNS Saint Ret | ANGES TO OFFICE  LI LE WOULD  LET WOULD  LETS BULLY  WELL  SET WOULD   | RS AND DIRECT                 | TORS IN 10 Change Addition Change Addition  |
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Increby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.

GNATURE:

WILLIAM PURE

3641667727-310-4701-