

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2008 90030 016 \*\*\*\*61.25

<b>DOCUMENT # N20919</b> 1. Entity Name <b>SILVER SANDS BEACH AND RACQUET CLUB MASTER ASSOCIATION, INC.</b> <div style="text-align: right; margin-right: 50px;"><i>C ONDO</i></div>											
Principal Place of Business <b>6595 SUNSET WAY</b> <b>ST PETE BEACH, FL 33706 US</b>			Mailing Address <b>6595 SUNSET WAY</b> <b>ST PETE BEACH, FL 33706 US</b>								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country								
4. FEI Number <b>59-2894984</b>			Applied For <input type="checkbox"/> Not Applicable								
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>								
<b>6. Name and Address of Current Registered Agent</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>COMMUNITY MANAGEMENT CONCEPTS, INC.</b>  <b>4175 EAST BAY DR., STE 205</b>  <b>CLEARWATER, FL 33764</b> </div> <div style="width: 50%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Name</td><td><b>KIRK BLISS</b></td></tr> <tr><td style="padding: 2px;">Street Add</td><td><b>CMC</b></td></tr> <tr><td style="padding: 2px;">City</td><td><b>4175 East Bay Dr., Suite 205</b> <b>Clearwater, FL 33764</b></td></tr> </table> </div> </div>						Name	<b>KIRK BLISS</b>	Street Add	<b>CMC</b>	City	<b>4175 East Bay Dr., Suite 205</b> <b>Clearwater, FL 33764</b>
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Street Add	<b>CMC</b>										
City	<b>4175 East Bay Dr., Suite 205</b> <b>Clearwater, FL 33764</b>										
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE <i>Kirk Bliss</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <b>4/1/08</b>  <small>DATE</small> </div> </div>											
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> Make check payable to <b>Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>								
TITLE	<i>P D</i> <b>FRANGOS, IFIGENIA</b> <b>6595 SUNSET WAY</b> <b>SAINT PETERSBURG, FL 33706</b>	<input checked="" type="checkbox"/> Delete	TITLE	<i>P</i> <b>William Pyle</b> <b>6595 Sunset Way</b> <b>Saint Petersburg, FL 33706</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE	<i>VP D</i> <b>BALDWIN, CYNTHIA</b> <b>6595 SUNSET WAY</b> <b>SAINT PETERSBURG, FL 33706</b>	<input checked="" type="checkbox"/> Delete	TITLE	<i>T</i> <b>Kirby Howell</b> <b>6595 Sunset Way</b> <b>Saint Petersburg, FL 33706</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE	<i>P D</i> <b>ZETTEL, ROBERT</b> <b>6595 SUNSET WAY</b> <b>SAINT PETERSBURG, FL 33706</b>	<input checked="" type="checkbox"/> Delete	TITLE	<i>S</i> <b>John Reinhart</b> <b>6595 Sunset Way</b> <b>Saint Petersburg, FL 33706</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE	<i>B VP</i> <b>STARK, EDWIN</b> <b>6595 SUNSET WAY</b> <b>SAINT PETERSBURG, FL 33706</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE	<i>D</i> <b>PYLE, WILLIAM</b> <b>6595 SUNSET WAY</b> <b>ST PETE BEACH, FL 33706</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filing 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.											
<b>SIGNATURE:</b> <i>William Pyle, President</i> <b>William Pyle</b> <i>3/24/08</i> <b>727-360-4706</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>											