

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21064 (3)

1. Corporation Name

SILVER SANDS BEACH AND RACQUET CLUB TWO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

6600 SUNSET WAY #100
ST PETERSBURG BCH. FL 33706

Mailing Address

6595 SUNSET WAY
ST PETERSBURG BEACH FL 33706-2173
US

3. Date Incorporated or Qualified
06/09/1987

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2895059

Applied For
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

St. Pete Beach FL

City & State

28

St. Pete Beach FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZACUR, RICHARD A.
5200 CENTRAL AVE
ST. PETERSBURG FL 33713**

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

NAME

STREET ADDRESS

CITY-ST-ZIP

TD

**ROBBINS, ROBERT
6595 SUNSET WAY
ST PETE BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD

**STEPHANS, ED
6595 SUNSET WAY
ST PETE BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

**REMINGTON, CARL
6595 SUNSET WAY
ST PETE BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

**MILCHAN, DAVID
6595 SUNSET WAY
ST PETE BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

**PLYE, WILLIAM
6595 SUNSET WAY
ST PETE BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

360-2545
Daytime Phone #

CR2E037 (12/95)