

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90067 040 \*\*\*\*61.25

**DOCUMENT # N21064**

1. Corporation Name

**SILVER SANDS BEACH AND RACQUET CLUB TWO CONDOMIN  
IUM ASSOCIATION, INC.**

Principal Place of Business

6800 SUNSET WAY #100  
ST PETERSBURG BEACH FL 33706  
US

Mailing Address

6595 SUNSET WAY  
ST PETERSBURG BEACH FL 33706-2173  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/09/1987

4. FEI Number

59-2895059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 **VD** ☒ DELETE  
NAME **VIGNALI, CARL**  
STREET ADDRESS **6595 SUNSET WAY**  
CITY-ST-ZIP **ST PETE BEACH FL**

TITLE **SD** ☐ DELETE  
NAME **STEPHANS, ED**  
STREET ADDRESS **6595 SUNSET WAY**  
CITY-ST-ZIP **ST PETE BEACH FL**

TITLE **TD** ☐ DELETE  
NAME **REMINGTON, CARL**  
STREET ADDRESS **6595 SUNSET WAY**  
CITY-ST-ZIP **ST PETE BEACH FL**

TITLE **D** ☒ DELETE  
NAME **SCHMIEDT, MARCUS**  
STREET ADDRESS **6595 SUNSET WAY**  
CITY-ST-ZIP **ST PETE BEACH FL**

TITLE **PD** ☐ DELETE  
NAME **PLYE, WILLIAM**  
STREET ADDRESS **6595 SUNSET WAY**  
CITY-ST-ZIP **ST PETE BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☒ Change ☐ Addition  
1.2 NAME **DAVE MICHAN**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME **DEREK ALDEN**  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(i), 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-99

Date

360-4706

Daytime Phone #

CR2E037 (1-1/98)