

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90007 025 \*\*\*\*61.25

**DOCUMENT # N21064**

1. Entity Name  
**SILVER SANDS BEACH AND RACQUET CLUB TWO  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**6600 SUNSET WAY #100  
ST PETE BEACH, FL 33706 US**

Mailing Address  
**6595 SUNSET WAY  
ST PETE BEACH, FL 33706-2173 US**

**54026026**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**59-2895059**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **COMMUNITY MANAGEMENT CONCEPTS, INC.**

Street Address (P.O. Box Number is Not Acceptable)

**4175 EAST BAY DRIVE, SUITE 205**

City

**CLEAR WATER**

FL

Zip Code

**33764**

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-30-04**

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete  
NAME **ROSE, BRIAN**  
STREET ADDRESS **6595 SUNSET WAY**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33706**

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

TITLE **TD** ☐ Delete  
NAME **STARK, ED**  
STREET ADDRESS **6595 SUNSET WAY**  
CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE **D** ☒ Delete  
NAME **ALDEN, DEREK**  
STREET ADDRESS **6595 SUNSET WAY**  
CITY-ST-ZIP **ST PETE BEACH, FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D GURINSKAS, VIOLETA**  
STREET ADDRESS **6600 SUNSET WAY**  
CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-30-04**

Date

Daytime Phone #

**727-360-4706**