
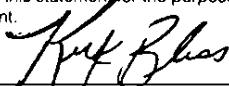
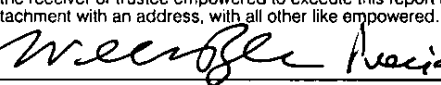


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2008 90030 015 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2895059	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT CONCEPTS, INC. 4175 EAST BAY DR., STE 205 CLEARWATER, FL 33764			7. Name and Address of New Registered Agent Name: KIRK BLISS Street Address (P.O.): CMC 4175 East Bay Dr., Suite 205 City: Clearwater, FL 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> DATE 4/01/08 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE S NAME ROSE, BRIAN STREET ADDRESS 6595 SUNSET WAY CITY-ST-ZIP SAINT PETERSBURG, FL 33706	<input checked="" type="checkbox"/> Delete		TITLE D NAME Joe Kody STREET ADDRESS 6600 Sunset Way B-214 CITY-ST-ZIP Saint Petersburg, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME ROSE, BRIAN STREET ADDRESS 6600 SUNSET WAY # B-221 CITY-ST-ZIP SAINT PETERSBURG BEACH, FL 33706	<input type="checkbox"/> Delete		TITLE D NAME Tommy Thompson STREET ADDRESS 6600 Sunset Way B-209 CITY-ST-ZIP Saint Petersburg, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPT NAME STARK, ED STREET ADDRESS 6595 SUNSET WAY CITY-ST-ZIP ST. PETE BEACH, FL 33706	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME STARK, ED STREET ADDRESS 6600 SUNSET WAY # B-210 CITY-ST-ZIP SAINT PETERSBURG BEACH, FL 33706	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME PYLE, WILLIAM STREET ADDRESS 6595 SUNSET WAY CITY-ST-ZIP ST PETE BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME PYLE, BILL STREET ADDRESS 6600 SUNSET WAY # 6B-520 CITY-ST-ZIP SAINT PETERSBURG BEACH, FL 33706	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE:  President William Pyle 3/24/08 727-360-4706 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					