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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:13

DOCUMENT # N50613 (1)

1. Corporation Name

SILVER SANDS BEACH & RACQUET CLUB THREE CONDOMIN IUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6595 SUNSET WAY ST PETE BCH FL 33706 US	6595 SUNSET WAY ST PETE BCH FL 33706 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1992
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-3139648 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MAHAFFEY, MARK T.
3700 POMPANO DRIVE S.E.
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

01 Name: ZACUR, RICHARD
02 Street Address (P.O. Box Number is Not Acceptable)
03: 5200 CENTRAL AVE.
04 City: ST. PETERSBURG FL 05 Zip Code: 33713

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] PRES 3-13-95
Signature, type/or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☐ Change ☐ Addition
NAME	MEYERS, JAMES W	1.2 NAME		
STREET ADDRESS	6650 SUNSET WAY #218	1.3 STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BCH FL	1.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33706	
TITLE	VPD	2.1 TITLE	P/D	☐ Change ☐ Addition
NAME	KEATOR, CHARLES	2.2 NAME		
STREET ADDRESS	6650 SUNSET WAY #215	2.3 STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BCH FL	2.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33706	
TITLE	TD	3.1 TITLE	D	☐ Change ☐ Addition
NAME	WILLIAMS, BILL	3.2 NAME	MUELLER, LORNIE	
STREET ADDRESS	6650 SUNSET WAY #302	3.3 STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BCH FL	3.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33706	
TITLE	DS	4.1 TITLE		☐ Change ☐ Addition
NAME	BRADY, MARY D	4.2 NAME		
STREET ADDRESS	6650 SUNSET WAY #203	4.3 STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BCH FL	4.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33706	
TITLE	D	5.1 TITLE	V/D	☑ Change ☐ Addition
NAME	SEYLER, ROBERT	5.2 NAME		
STREET ADDRESS	6650 SUNSET WAY #517	5.3 STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BCH FL	5.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33706	
TITLE	D	6.1 TITLE	T/D	☑ Change ☐ Addition
NAME	PRESTERA, ANN	6.2 NAME		
STREET ADDRESS	6650 SUNSET WAY #120	6.3 STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BCH FL	6.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33706	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for [illegible] 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.

SIGNATURE: C. E. Keator 3/13/95 360-4706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C. E. Keator

0005783

D
ARON, LARRY
6595 SUNSET WAY
ST. PETE BEACH, FL 33706