

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50613** (1)  
1. Corporation Name  
**SILVER SANDS BEACH & RACQUET CLUB THREE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 6650 SUNSET WAY ST PETE BCH FL 33706 US	Mailing Address 6595 SUNSET WAY ST PETE BCH FL 33706 US
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3. Date Incorporated or Qualified  
**08/27/1992**

4. FEI Number <b>59-3139648</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>BP</b>	<input type="checkbox"/> DELETE
NAME	<b>MEYERS, JAMES W</b>	
STREET ADDRESS	<b>6595 SUNSET WAY</b>	
CITY-ST-ZIP	<b>ST PETE BCH FL</b>	
TITLE	<b>BP</b>	<input type="checkbox"/> DELETE
NAME	<b>KEATOR, CHARLES</b>	
STREET ADDRESS	<b>6595 SUNSET WAY</b>	
CITY-ST-ZIP	<b>ST PETE BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAGNO RALPH</b>	
STREET ADDRESS	<b>6595 SUNSET WAY</b>	
CITY-ST-ZIP	<b>ST PETE BEACH FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRADY, MARY D</b>	
STREET ADDRESS	<b>6595 SUNSET WAY</b>	
CITY-ST-ZIP	<b>ST PETE BCH FL</b>	
TITLE	<b>BP TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SEYLER, ROBERT</b>	
STREET ADDRESS	<b>6595 SUNSET WAY</b>	
CITY-ST-ZIP	<b>ST PETE BCH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ARNOLD, ROBERT</b>	
STREET ADDRESS	<b>6595 SUNSET WAY</b>	
CITY-ST-ZIP	<b>ST PETE BCH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Mary D Brady March 9, 1998 360-4706

CR2E037 (10/97)