2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
02-15-2001 90061 016 ****61.25

DOCUMENT # N50613

1. Entity Name

SILVER SANDS BEACH & RACQUET CLUB THREE CONDOMIN

Principal Place of Business	Mailing Address
6650 SUNSET WAY ST PETE BCH FL 33706 US	6595 SUNSET WAY ST PETE BCH FL 33706 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3139648 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZACUR, RICHARD 5200 CENTRAL AVE ST. PETERSBURG FL 33713	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MEYERS, JAMES W 6595 SUNSET WAY ST PETE BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ART ENGLEMAN 6595 Sunset Way St. Pete Beach FL 33706	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARNOLD, ROBERT 6595 SUNSET WAY ST PETE BCH FL 33706	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT RALPH MAGNO 6595 SUNSET WAY St Pete Beach FL 33706	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KRATER, CHARLES 6595 SUNSET WAY SAINT PETERSBURG FL 33706	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JERI ANN PECK 6595 SUNSET WAY St. Pete Beach FL 33706	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRADY, MARY D 6595 SUNSET WAY ST PETE BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ROW LEACH 6595 SUNSET WAY St Pete Beach FL 33706	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEYLER, ROBERT 6595 SUNSET WAY ST PETE BCH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DUFF CADY 6595 SUNSET WAY St Pete Beach FL 33706	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARL-SINGLETON, SUSAN 6595 SUNSET WAY ST PETE BCH FL 33706	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GEOFFREY MINNS 6595 SUNSET WAY St Pete Beach FL 33706	☐ Change ☐ Addition

CR2E037 (10/00)

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 REQUIRED Art Engleman 2/13/01 (727)360-8307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #