


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N50613**

1. Entity Name  
**SILVER SANDS BEACH & RACQUET CLUB THREE  
 CONDOMINIUM ASSOCIATION, INC.**



FILED

09 AUG -3 PM 3:52

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

07292009 REIN-NP                      CR2E099 (1/07)

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

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



6. Name and Address of Current Registered Agent

**COMMUNITY MANAGEMENT CONCEPTS, INC.**  
**4585 140TH AVE. NORTH SUITE 1012**  
**CLEARWATER, FL 33762**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Krup Blas*                                              DATE: 7/30/2009

Signature, typed or printed name of registered agent and the filer if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$297.50**                                              **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NELSON, JAMES</b> <b>6595 SUNSET WAY</b> <b>SAINT PETERSBURG, FL 33706</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEACH, JAMES</b> <b>6595 SUNSET WAY</b> <b>ST PETE BCH, FL 33706</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MAX, MICHAEL D</b> <b>6595 SUNSET WAY</b> <b>SAINT PETE BEACH, FL 33706</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KADURA, BRUCE</b> <b>6595 SUNSET WAY</b> <b>SAINT PETERSBURG BEACH, FL 33706</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MINNS, GEOFFREY</b> <b>6595 SUNSET WAY</b> <b>SAINT PETERSBURG BEACH, FL 33706</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>STRODEL, MARTY J</b> <b>6595 SUNSET WAY</b> <b>ST PETE BEACH, FL 33706</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>400155845804</b> <b>08/04/09--01003--002 **15.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>400155845804 \$61.25</b> <b>05/12/09 01029 005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>REINSTATEMENT</b> <b>2509</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <i>[Signature]</i>

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 filers empowered.

SIGNATURE: *James T Nelson*      President      DATE: 7/30/09      (722)      Daytime Phone #: 360-4706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*James T Nelson*



**Associa®**  
Community Management Concepts, Inc.

**To: FLORIDA DEPARTMENT OF STATE**  
**ATTN: Michelle Milligan**

**SUBJECT: Silver Sands Beach & Racquet Club Master Condominium Association, Inc.**  
**Silver Sands Beach & Racquet Club Three Condominium Association, Inc.**

**This is to inform you that we received a letter regarding the corporate Certificate of Dissolution for Silver Sands Master Association and Silver Sands Three Association, As per our conversation over the phone yesterday, I am sending all correspondence including the e-mail we received from Division of Corporations.**

**The check number 2421 dated 3/25/2009 for Silver Sands Three and check number 2559 3/25/2009 were returned from your bank with the reason that you were unable to locate the account number because a scan line on the bottom of the check was superimposed on the check's border.**

**Based on this information we immediately sent the replacement checks number 2449 dated 4/10/2009 for Silver Sands Three and check number 2587 dated 4/10/2009 for Silver Sands Master.**

**On April 27 we received a letter saying the filing for the annual report was completed and the check was received and processed from you.**

**Another letter came on April 29, 2009 saying that the annual report and filing check is already on file as 3/23/2009 and the second check was returned to us because we paid with first check.**

**To confirm that everything was in order our Customer service department contacted via e-mail the person with name Rob and e-mail from [corphelp@dos.state.fl.us](mailto:corphelp@dos.state.fl.us) was received on May 12, 2009 and saying that 2009 annual report and filing fee was received and filed with Division of Corporation.**

**As for Silver Sands Three we never received any letter saying that we have to pay \$15.00 for service fee or if this fee is not received within 15 days the corporation will be dissolved. Their check was cleared in the bank in April 30, 2009 and we confirmed this with your department, but we never were told that we have to pay \$15.00 for a service fee. We should pay the fee on time if we would have the notice.**

**I will appreciate your cooperation and help in waiving the reinstatement fees for both association and I am including the check for \$15.00 payable to Division of Corporation for Silver Sands Three also the check for \$76.25 for Silver Sands master association.**

**Thank you for all your help in advance,**  
**Lola Kavaric**  
**Controller of Client Accounting**  
**Community Management Concepts**  
**Managing agent for Silver Sands Three and Master Association**