## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N50613 (1)

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

Principal Place of Business Mailing Address							
6595 SUNSET WAY		6595 SUNSET WAY					
ST PETE BCH FL 33706 US		US	ST PETE BCH FL 33706				
00		00			3. Date Incorporated or Qualified 08/27/1992	3a. Date of Las 03/20/1	
2. Princip	pal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21 6	650 Sunset Way	26	26		59-3139648 Not Applicable		
	Apt. #, etc.	Suite, Apt. #, etc.			E. Continue of Chat is Decision	<b>\$8.7</b>	5 Additional
22		27			5. Certificate of Status Desired		Required
City &	State	City & State	City & State		6. Election Campaign Financing	_ \$5.0	00 May Be
23		28			Trust Fund Contribution	1 1 4	ed to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in	tangible tax under s	s. 199.032,
24	25 29 30		0		Florida Statutes		
	9. Name and Address of C	Current Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name			
	ur, richard		82 Street Add		dress (P.O. Box Number is Not Acceptable)		
5200 CENTRAL AVE			o.coct,			•	
ST. F	PETERSBURG FL 33713		83				
			84	0			
			64	City		FL  85   2	ip Code
					poration submits this statement for the purp	ose of changing its	
famili	ar with, and accept the obligations of	of Florida. Such change was authorized t f, Section 617.0503, Florida Statutes.	by the corp	oration's t	doard of directors. I hereby accept the appoi	ntment as registere	d agent. I am
SIGNATU	RESignature, typed or printed name of register	ed agent and title it applicable //NOTE F	Registered Age	n' siona'ure re	gured when reinstating)	DATE	
12.		RS AND DIRECTORS	13.	k signa die re	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	D	DELETE	1.1 TITLE	<del></del> 1	7,0011011010111111111111111111111111111	TX Change	Addition
NAME	MEYERS, JAMES W		1.2 NAME		TD	CAL ****	
STREET ADDR	CEGE CHAIGHT MAY		1.3 STREET ADDRESS				
CITY-ST-ZIF	OT DETE DOU E		1.4 CITY-5				
TITLE		PD DELETE		51-21r		Change	Addition
NAME	_ · · · ·	KEATOR, CHARLES				□ ondinge	
	CEOE CLINICET MAY		2.2 NAME				
STREET ADDR	OT DETE BOD EL		2 3 STREET ADDRESS 2 4 City-St-Zip				
CITY-ST-ZIP				ST-ZIP		Change	☐ Addition
TITLE	MUELLER, LORNIE	MUCLICO LODNIC		l		Change	Addition
NAME OTREET ARRE	CEGE CLINICET MAY		3.2 NAME	4000000			
STREET ADDR	OT DETE BEACH O			ADDRESS			
CITY-ST-ZIP	DS	[ ] Dructe	3 4. CITY-	ST-ZiP		Fait Obs	- Addition
TITLE	BRADY, MARY D	DELETE	4.1 TITLE	l	SD	Change	Addition Addition
NAME	CEGE CLINICET MAY		4. 2 NAME.		من		
STREET ADDR	ST PETE BCH FL		4.3 STREET	ADDRESS			
CITY - ST - ZIP			4.4 CITY - S	ST-ZIP			
TITLE	VD popular	DELETE	5.1 TITLE		PD	Change	■ Addition
NAME	SEYLER, ROBERT		5.2 NAME	l			
STREET ADDR	RESS 6595 SUNSET WAY		5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 C(TY-5	ST-ZIP			
TITLE	TD	DELETE	6.1 TITLE	П	VD	☐ Change	<b>∏</b> Addition
NAME	PRESTERA, ANN	<i>*</i>	6.2 NAME	1	ROBERT ARNOLD		
STREET ADDR			6.3 STREET	ADDRESS	6595 SUNSET WAY		
CITY-\$T-2IP	ST PETE BCH FL		6.4 CITY-5	ST-ZIP	CA DEAE BEYON EI	. 33706	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 arnual 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: MONEY TO TO THE NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 Daytine Phone #