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Mar 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50613 (1)

1. Corporation Name

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

Principal Place of Business

Mailing Address

6650 SUNSET WAY
ST PETE BCH FL 33706
US6595 SUNSET WAY
ST PETE BCH FL 33706-2179
US3. Date Incorporated or Qualified
08/27/19923a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3139648Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZACUR, RICHARD
5200 CENTRAL AVE
ST. PETERSBURG FL 33713

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed 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 ~~ID~~ ☐ DELETE
NAME MEYERS, JAMES W
STREET ADDRESS 6595 SUNSET WAY
CITY-ST-ZIP ST PETE BCH FL1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ~~PD~~ ☐ DELETE
NAME KEATOR, CHARLES
STREET ADDRESS 6595 SUNSET WAY
CITY-ST-ZIP ST PETE BCH FL2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME MUELLER, LORNE
STREET ADDRESS 6595 SUNSET WAY
CITY-ST-ZIP ST PETE BEACH FL3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D
3.3 STREET ADDRESS magno, ralph
3.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME BRADY, MARY D
STREET ADDRESS 6595 SUNSET WAY
CITY-ST-ZIP ST PETE BCH FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME SEYLER, ROBERT
STREET ADDRESS 6595 SUNSET WAY
CITY-ST-ZIP ST PETE BCH FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME ARNOLD, ROBERT
STREET ADDRESS 6595 SUNSET WAY
CITY-ST-ZIP ST PETE BCH FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0060258

CR2E037 (9/96)