

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90819 029 ****61.25

0041758

DOCUMENT # N50613

1. Entity Name

SILVER SANDS BEACH & RACQUET CLUB THREE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6650 SUNSET WAY
 ST PETE BCH FL 33706
 US

6595 SUNSET WAY
 ST PETE BCH FL 33706
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input type="checkbox"/> Delete
NAME	MEYERS, JAMES W	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BCH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ARNOLD, ROBERT	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BCH FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRATER, CHARLES (Keator)	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	SAINT PETERSBURG FL 33706	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRADY, MARY D	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEYLER, ROBERT	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BCH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CARL-SINGLETON, SUSAN	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BCH FL 33706	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur Engelman	
STREET ADDRESS	6595 Sunset Way	
CITY-ST-ZIP	ST. Pete Beach, FL 33706	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph Magno	
STREET ADDRESS	6595 Sunset Way	
CITY-ST-ZIP	ST. Pete Beach, FL 33706	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pete Barchfeld	
STREET ADDRESS	6595 Sunset Way	
CITY-ST-ZIP	ST Pete Beach, FL 33706	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES LEACH	
STREET ADDRESS	6595 Sunset Way	
CITY-ST-ZIP	ST Pete Beach, FL 33706	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geoffrey Minns	
STREET ADDRESS	6595 Sunset Way	
CITY-ST-ZIP	ST. Pete Beach, FL 33706	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terri Ann Peck	
STREET ADDRESS	6595 Sunset Way	
CITY-ST-ZIP	ST. Pete Beach, FL 33706	

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:

Arthur Engelman

ARTHUR ENGELMAN

727-360-4706

CR2E037 (9/01)