

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90007 024 ****61.25

DOCUMENT # N50613

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



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

Mailing Address
**6595 SUNSET WAY
ST PETE BCH, FL 33706 US**

54026027



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3139648

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF PA
2401 WEST DAY DR. STE 414
LARGO, FL 33770**

7. Name and Address of New Registered Agent

Name **COMMUNITY MANAGEMENT CONCEPTS, INC.**
Street Address (P.O. Box Number is Not Acceptable)
4175 EAST BAY DRIVE, SUITE 205
City **CLEARWATER** FL Zip Code **33764**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DUFF, CADY**
STREET ADDRESS **6595 SUNSET WAY**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33706**

TITLE **VP** ☐ Delete
NAME **LEACH, JAMES**
STREET ADDRESS **6595 SUNSET WAY**
CITY-ST-ZIP **ST PETE BCH, FL 33706**

TITLE **D** ☐ Delete
NAME **MINNS, GEOFFREY**
STREET ADDRESS **6595 SUNSET WAY**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33706**

TITLE **D** ☒ Delete
NAME **PECK, JERRI ANN**
STREET ADDRESS **6595 SUNSET WAY**
CITY-ST-ZIP **ST PETE BCH, FL**

TITLE **D** ☐ Delete
NAME **DAVIES, PENNY**
STREET ADDRESS **6595 SUNSET WAY**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33706**

TITLE **D** ☐ Delete
NAME **GIRARDI, FRANK**
STREET ADDRESS **6595 SUNSET WAY**
CITY-ST-ZIP **ST PETE BCH, FL 33706**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **LEACH, JAMES**
STREET ADDRESS **6595 SUNSET WAY**
CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VICKERS, LARRY**
STREET ADDRESS **6595 SUNSET WAY**
CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VP GIRARDI, FRANK**
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-04 367-3325
Date Daytime Phone #