
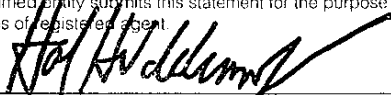
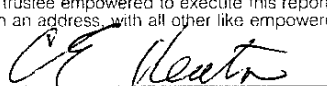


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90289 050 ****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 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3139648 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT CONCEPTS, INC. 4175 EAST BAY DR., STE 215 CLEARWATER FL 33764 | | | | 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE  <small>Signature: typed or printed name of registered agent and line if applicable</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <small>DATE</small> </div> </div> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE Director NAME DUFF, CADY STREET ADDRESS 6595 SUNSET WAY CITY-ST-ZIP SAINT PETERSBURG FL 33706 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP NAME LEACH, JAMES STREET ADDRESS 6595 SUNSET WAY CITY-ST-ZIP ST PETE BCH FL 33706 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE S NAME BRADY, MARY D STREET ADDRESS 6595 SUNSET WAY CITY-ST-ZIP SAINT PETERSBURG FL 33706 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE T NAME VICKERS, LARRY STREET ADDRESS 6595 SUNSET WAY CITY-ST-ZIP SAINT PETERSBURG FL 33706 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE D NAME MAX, MICHAEL STREET ADDRESS 6595 SUNSET WAY CITY-ST-ZIP SAINT PETERSBURG FL 33706 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE VP Director NAME GIRARDI, FRANK STREET ADDRESS 6595 SUNSET WAY CITY-ST-ZIP ST PETE BCH FL 33706 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered. | | | | | |
| SIGNATURE:  | | | Date 3/29/06 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

ATTACHMENT

40070151

#N50613

SILVER SANDS CONDOMINIUM ASSOCIATION THREE BOARD OF DIRECTORS FOR 2006-2007

| | | | |
|----------------|----|----------------|-------|
| President: | P | Charlie Keator | C-215 |
| Vice-President | VP | Ron Leach | C-402 |
| Secretary: | S | Mary-D Brady | C-203 |
| Treasurer: | T | Pete Barchfeld | C-212 |
| Director | D | Duff Cady | C-117 |
| Director | D | Frank Girardi | C-316 |
| Director: | P | Sirjit Hans | C-106 |

All have the address:

6650 Sunset Way, #
St. Pete Beach, FL. 33706