

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758993

**FILED**  
**Mar 03, 2015**  
**Secretary of State**  
**CC4021811727**

**Entity Name:** SILVER SANDS BEACH AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 US

**FEI Number: 59-2299258**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ASSOCIA GULF COAST, INC.  
9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 US

*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: MICHAEL FLEMING**

**03/03/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name TSUNIS, ANDREW  
Address 6500 SUNSET WAY  
UNIT 418  
City-State-Zip: ST. PETE BEACH FL 33706

Title SECRETARY  
Name JONES, SALLY  
Address 6500 SUNSET WAY  
UNIT 112  
City-State-Zip: ST. PETE BEACH FL 33706

Title VP  
Name SUESZ, FREDERICK  
Address 6500 SUNSET WAY  
UNIT 504  
City-State-Zip: ST. PETE BEACH FL 33706

Title TREASURER  
Name LANGSFORD, LANCE  
Address 6500 SUNSET WAY  
UNIT 405  
City-State-Zip: ST. PETE BEACH FL 33706

Title DIRECTOR  
Name LINDNER, ROBERT  
Address 6500 SUNSET WAY  
UNIT 106  
City-State-Zip: ST. PETE BEACH FL 33706

Title DIRECTOR  
Name PENDLEBURY, MARK  
Address 6500 SUNSET WAY  
UNIT 220  
City-State-Zip: ST. PETE BEACH FL 33706

Title DIRECTOR  
Name O'DEA, MICHAEL  
Address 6500 SUNSET WAY  
UNIT 116  
City-State-Zip: ST. PETE BEACH FL 33706

Title DIRECTOR  
Name BALDWIN, CYNTHIA  
Address 6500 SUNSET WAY  
UNIT 209  
City-State-Zip: ST. PETE BEACH FL 33706

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANDREW TSUNIS**

**PRESIDENT**

**03/03/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BRODERSEN, TOM  
Address        6500 SUNSET BEACH WAY  
                  UNIT 201  
City-State-Zip: ST. PETE BEACH FL 33706