

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20919

Entity Name: SILVER SANDS BEACH AND RACQUET CLUB MASTER ASSOCIATION, INC.**Current Principal Place of Business:**6595 SUNSET WAY
ST PETE BEACH, FL 33706**Current Mailing Address:**6595 SUNSET WAY
ST PETE BEACH, FL 33706 US**FEI Number: 59-2894954****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ZACUR, GRAHAM & COSTIS, P.A.
5200 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 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:** RICHARD A ZACUR ESQUIRE

02/24/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name PYLE, WILLIAM
Address 6595 SUNSET WAY
City-State-Zip: ST PETE BEACH FL 33706

Title DIRECTOR
Name STARK, ED
Address 6595 SUNSET WAY
City-State-Zip: ST PETE BEACH FL 33706

Title DIRECTOR
Name LANGSFORD, LANCE A
Address 6595 SUNSET WAY
City-State-Zip: ST PETE BEACH FL 33706

Title DIRECTOR
Name BUTLER III, JAMES
Address 6595 SUNSET WAY
City-State-Zip: ST PETE BEACH FL 33706

Title VP
Name PENDLEBURY, MARK
Address 6595 SUNSET WAY
City-State-Zip: ST PETE BEACH FL 33706

Title SECRETARY
Name SUESZ, FREDERICK
Address 6595 SUNSET WAY
City-State-Zip: ST PETE BEACH FL 33706

Title DIRECTOR
Name ROSE, BRIAN
Address 6595 SUNSET WAY
City-State-Zip: ST PETE BEACH FL 33706

Title DIRECTOR
Name SOUTH, ROBERT
Address 6595 SUNSET WAY
City-State-Zip: ST PETE BEACH FL 33706

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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: WILLIAM PYLE

SECRETARY

02/24/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TREASURER
Name	DANEILSON, THOMAS
Address	6595 SUNSET WAY
City-State-Zip:	ST PETE BEACH FL 33706