

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20919

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

**FILED**  
**Feb 25, 2023**  
**Secretary of State**  
**1227383737CC**

**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**

**02/25/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

Title PRESIDENT  
Name THRUSH , ROBERT  
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

**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: ROBERT THRUSH**

**PRESIDENT**

**02/25/2023**

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