

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20919

**FILED**  
**Feb 20, 2017**  
**Secretary of State**  
**CC5054008703**

**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: 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: DENNIS MANSFIELD**

**02/20/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title            SECRETARY  
Name            DAVIES, BARRY  
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            DIRECTOR  
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            HANS, SURJIT  
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**

**PRESIDENT**

**02/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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