

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20919

**FILED**  
**Feb 23, 2020**  
**Secretary of State**  
**3801817359CC**

**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**

**02/23/2020**

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            SECRETARY  
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            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            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**

**PRESIDENT**

**02/23/2020**

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