

2014 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:** No**Name and Address of Current Registered Agent:**ASSOCIA GULF COAST, INC.
9887 FOURTH STREET NORTH
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:** MARLENE SHAW

03/05/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	PYLE, BILL
Address	6600 SUNSET WAY
City-State-Zip:	SAINT PETERSBURG FL 33706

Title	VP
Name	STARK, ED
Address	6600 SUNSET WAY
City-State-Zip:	SAINT PETERSBURG FL 33706

Title	SECRETARY
Name	DAVIS, BARRY
Address	6650 SUNSET WAY
City-State-Zip:	SAINT PETERSBURG FL 33706

Title	D
Name	ANDERSON, PAT
Address	6500 SUNSET WAY
City-State-Zip:	ST PETERSBURG FL 33706

Title	DIRECTOR
Name	BALDWIN, CYNTHIA
Address	6500 SUNSET WAY #A209
City-State-Zip:	ST. PETE BEACH FL 33706

Title	DIRECTOR
Name	LANGFORD, LANCE
Address	6500 SUNSET WAY #405
City-State-Zip:	ST. PETE BEACH FL 33706

Title	DIRECTOR
Name	CHISOLM, JIM
Address	6500 SUNSET WAY
City-State-Zip:	ST. PETE BEACH FL 33706

Title	DIRECTOR
Name	ROSE, BRAIN
Address	6600 SUNSET WAY # B221
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: BILL PYLE

PRESIDENT

03/05/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TREASURER
Name	DANIELSON, THOMAS
Address	6650 SUNSET WAY
City-State-Zip:	ST. PETE BEACH FL 33706