

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F06922** (1)

1. Corporation Name

SILVER SANDS OF INDIAN RIVER, INC.



Principal Place of Business

**3033 RIVIERA DR
STE 201
NAPLES FL 33940
US**

Mailing Address

**3033 RIVIERA DR
STE 201
NAPLES FL 33940
US**

3. Date Incorporated or Qualified
11/25/1980

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FET Number
59-2153144

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUDD, DAVID G.
3033 RIVIERA DR.
STE 201
NAPLES FL 33940**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if available

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	BUDD, DAVID G.	
STREET ADDRESS	3033 RIVIERA DR., STE. 201	
CITY-STATE-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUBIN, ALEX	
STREET ADDRESS	3033 RIVIERA DR., STE. 201	
CITY-STATE-ZIP	NAPLES FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ZUCCARO, SHARON M.	
STREET ADDRESS	3033 RIVIERA DR., STE. 201	
CITY-STATE-ZIP	NAPLES FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RUBIN, HARRY	
STREET ADDRESS	3033 RIVIERA DR., STE. 201	
CITY-STATE-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RUBIN, BENJAMIN	
STREET ADDRESS	3033 RIVIERA DR., STE. 201	
CITY-STATE-ZIP	NAPLES FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	RUBIN, LINDA	
STREET ADDRESS	3033 RIVIERA DR., STE. 201	
CITY-STATE-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David G. Budd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

941-263-7700

CR2E034 (12/95)