## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 11, 2005 8:00 am Secretary of State 04-11-2005 90148 036 \*\*\*\*61.25

727-360-4706 Daytene Phone \*

DOCUMENT # N21064  1. Entity Name SILVER SANDS BEACH AND RACQUET CLUB TWO CONDOMINIUM ASSOCIATION, INC.									04-	11-2003	90140	, 030	01	.49
Principal Place of Business Mailing Address 6600 SUNSET WAY #100 6595 SUNSET WAY ST PETE 'BEACH, FL 33706 US ST PETE BEACH, FL 33706						173 US		1 (10.00) (10.00)	!! <b>!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!</b>	<b>0</b> 10 <b>0 0</b> 13 <b>0 0</b> 1872 1	Billi Bigil gig	iri Braji gia	ar aisk tid	mei ei ieşi
Principal Place of Business 3. M			3. Mailing A	Mailing Address										
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				02242005	Cho	<sub>]</sub> -NP	CR2	E037 (	10/03)	
City & State			·	City & State			4. FEI Number 59-2895059						$\rightarrow$	pplied For It Applicable
Zìp			Zip			ıntry		5. Certificate of Status Desired S8.75 Additional Fee Required						
		e and Address of Current F		ent		Name		7. Name an	d Addre	ss of New	/ Register	red Age	nt	
COMMUNITY MANAGEMENT CONCEPTS, INC. 4175 EAST BAY DR., STE 205 CLEARWATER, FL 33764						Street A	Address (f	P.O. Box Numb	oer is No	ot Accepta	ble)			
						City						FL	Zip Code	e
	named entity tions of regist	y submits this statement for tered agent.	the purpose o	of changing its re	egistere	ed office o	r register	ed agent, or bo	oth, in th	e State of	Florida. 1	am fami	iliar with,	and accept
						,								
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable	(NOTE:	Registered	d Agent signa	ture required	when reinstating)	· <u> </u>	-	DA	ITĘ.		<del></del>
Filing Fee is \$61.25 9. Election Campa Due by May 1, 2005 Trust Fund Cont														
	-		9					\$5.00 May Added to Fees	Be s		Make ch orida De			
10.	Due by N		ECTORS	Trust Fund Co	ntributi	ion.	Ц	\$5.00 May Added to Feet ADDITIONS/CH	s	FI	orida De	partme	nt of St	ate
10. FITLE NAME	-	May 1, 2005 OFFICERS AND DIR	ECTORS		ontributi	ion.	Ц	Added to Fee:	s	FI	orida De	partme	nt of St	ate
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William

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: