

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21064

FILED  
Apr 10, 2007  
Secretary of State

**Entity Name:** SILVER SANDS BEACH AND RACQUET CLUB TWO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6600 SUNSET WAY #100  
ST PETE BEACH, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

6595 SUNSET WAY  
ST PETE BEACH, FL 337062173 US

**New Mailing Address:**

**FEI Number:** 59-2895059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT CONCEPTS, INC.  
4175 EAST BAY DR., STE 205  
CLEARWATER, FL 33764 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: ROSE, BRIAN  
Address: 6595 SUNSET WAY  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: S ( ) Delete  
Name: ROSE, BRIAN  
Address: 6600 SUNSET WAY # B-221  
City-St-Zip: SAINT PETERSBURG BEACH, FL 33706

Title: VPT ( ) Delete  
Name: STARK, ED  
Address: 6595 SUNSET WAY  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: VP ( ) Delete  
Name: STARK, ED  
Address: 6600 SUNSET WAY # B-210  
City-St-Zip: SAINT PETERSBURG BEACH, FL 33706

Title: P ( ) Delete  
Name: PYLE, WILLIAM,  
Address: 6595 SUNSET WAY  
City-St-Zip: ST PETE BEACH, FL

Title: P ( ) Delete  
Name: PYLE, BILL  
Address: 6600 SUNSET WAY # 6B-520  
City-St-Zip: SAINT PETERSBURG BEACH, FL 33706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BILL PYLE

P

04/10/2007

Electronic Signature of Signing Officer or Director

Date