


**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 714515

1. Entity Name
 SHETLAND SHEEPDOG CLUB OF SOUTHEAST
 FLORIDA, INC.



Principal Place of Business 829 SW 20TH ST. FORT LAUDERDALE, FL 33315 US	Mailing Address 829 SW 20TH ST. FORT LAUDERDALE, FL 33315 US
--	--

94053380



2. Principal Place of Business <i>C/O Walter Silverstein</i>	3. Mailing Address <i>17518 N 66 Ct</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03162004 Chg-NP CR2E037 (10/03)

City & State <i>Loxahatchee, FL</i>	City & State <i>Loxahatchee, FL</i>	4. FEI Number 59-6195023	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33470</i>	Country <i>USA</i>	Zip <i>33470</i>	Country <i>USA</i>

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--

6. Name and Address of Current Registered Agent THEISS, CYNTHIA 829 W. 20TH ST. FORT LAUDERDALE, FL 33315	7. Name and Address of New Registered Agent Name <i>Walter Silverstein</i> Street Address (P.O. Box Number is Not Acceptable) <i>17518 N 66 Ct</i> City <i>Loxahatchee FL</i> Zip Code <i>33470</i>
--	--

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Walter Silverstein* DATE *3/20/2004*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
--	--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVAGE, KAREN	NAME	- SAME -
STREET ADDRESS	7740 NW 38TH ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, STEPHANIE	NAME	- SAME -
STREET ADDRESS	14120 SUMMERSVILLE PL	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33321	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTHALL, MARK	NAME	- SAME -
STREET ADDRESS	38 COLUMBIA COURT	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERSTEIN, DELORES	NAME	<i>MAUST, Meredith</i>
STREET ADDRESS	17518 N. 66TH COURT	STREET ADDRESS	<i>5051 SW 95 AVE</i>
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	CITY-ST-ZIP	<i>COOPER CITY, FL 33328</i>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUST, MEREDITH	NAME	<i>PAUL ZARYCZNY</i>
STREET ADDRESS	5051 SW 95TH AVE	STREET ADDRESS	<i>2600 NE 18 ST</i>
CITY-ST-ZIP	COOPER CITY, FL 33328	CITY-ST-ZIP	<i>FT LAUD., FL 33305</i>
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEISS, CYNTHIA	NAME	<i>WALTER A. SILVERSTEIN</i>
STREET ADDRESS	829 SW 20TH ST	STREET ADDRESS	<i>17518 N. 66 COURT N</i>
CITY-ST-ZIP	FORT LAUDERDALE, FL	CITY-ST-ZIP	<i>LOXAHATCHEE, FL 33470</i>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Walter Silverstein* DATE: *3/20/2004*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #