




**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90030 001 \*\*\*\*61.25

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

<b>DOCUMENT # N49843</b> 1. Entity Name SILVER PALMS HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 6501 NW 36 ST STE 385 MIAMI, FL 33166 US		Mailing Address 6501 NW 36 ST STE 385 MIAMI, FL 33166 US
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	94031600    02102004 Chg-NF CR2E037 (10/03)  4. FEI Number 65-0398371 <span style="float: right;">Applied For Not Applicable</span>
6. Name and Address of Current Registered Agent  LAW OFFICES OF BRIAN W. PARISER 9130 S DADELAND BLVD DATRAN II -STE 1511 MIAMI, FL 33156		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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 _____ (NOTE: Registered Agent signature required when restoring) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE PD <input type="checkbox"/> Delete NAME VAZQUEZ, ANA STREET ADDRESS 10381 SW 20 TERRACE CITY-ST-ZIP MIAMI, FL 33165	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE VPD <input type="checkbox"/> Delete NAME CALVINO, ENI STREET ADDRESS 10410 SW 22 ST CITY-ST-ZIP MIAMI, FL 33165	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE SD <input type="checkbox"/> Delete NAME BELLO, PEDRO A STREET ADDRESS 2166 SW 103 PL CITY-ST-ZIP MIAMI, FL 33165	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE TD <input type="checkbox"/> Delete NAME SANCHEZ, SERGIO STREET ADDRESS 10362 SW 23RD STREET CITY-ST-ZIP MIAMI, FL 33165	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>D</b> STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE VPD <input type="checkbox"/> Delete NAME CUZA, RUBEN STREET ADDRESS 2125 SW 103 PL CITY-ST-ZIP MIAMI, FL 33165	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>TD</b> STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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: 		Date: 3/5/04 Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		