
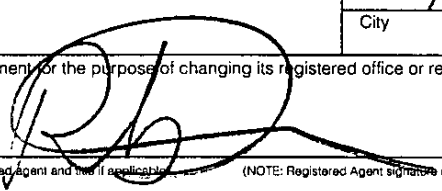
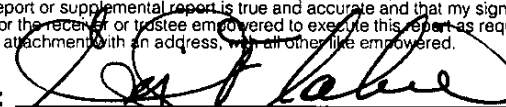


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90176 012 ****61.25

DOCUMENT # N49843			
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 7953 NW 53 ST		3. Mailing Address 7953 NW 53 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33166	Country US	Zip 33166	Country US
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		4. FEI Number 65-0398371	
7. Name and Address of New Registered Agent Name Robert A. Duggan Sr. Street Address (P.O. Box Number is Not Acceptable) 7953 NW 53 ST City Miami FL Zip Code 33166		Applied For <input type="checkbox"/> Not Applicable	
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE 		DATE 4/25/05	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD VAZQUEZ, ANA 10381 SW 20 TERRACE MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALVINO, ENI 10410 SW 22 ST MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Calvino, Eni 10410 SW 22 ST MIAMI, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELLO, PEDRO A 2166 SW 103 PL MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, SERGIO 10362 SW 23RD STREET MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President SANCHEZ, SERGIO 10362 SW 23 ST MIAMI, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUZA, RUBEN 2125 SW 103 PL MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER EsQUIJAROSA, Pablo 2075 SW 103 PL MIAMI, FL 33165 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 secretary 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 another like empowered.			
SIGNATURE: 		DATE 4/25/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Daytime Phone #	