

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90042 016 \*\*\*\*61.25

**DOCUMENT # 703787**

1. Entity Name

SILVER SHORES APARTMENTS, INC.



Principal Place of Business

C/O BROWARD COMPUTER  
700 ESAT ATLANTIC BLVD.-204  
POMPANO BEACH FL 33060

Mailing Address

C/O BROWARD COMPUTER  
700 ESAT ATLANTIC BLVD.-204  
POMPANO BEACH FL 33060



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1031897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARKEY, WILLIAM  
3216 SE 12 ST  
# 18  
POMPANO BCH FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$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

NAME	DP	<input type="checkbox"/> Delete
NAME	SHARKEY, WILLIAM	
STREET ADDRESS	3216 SE 12TH STR, APT # 18	
CITY- ST- ZIP	POMPANO BEACH FL 33062	
NAME	DVPT	<input type="checkbox"/> Delete
NAME	BRENNAN, WILLIAM TOM	
STREET ADDRESS	3216 SE 12TH ST APT # 9	
CITY- ST- ZIP	POMPANO BEACH FL 33062	
NAME	RD	<input checked="" type="checkbox"/> Delete
NAME	MOODY, MURIEL	
STREET ADDRESS	3216 SOUTHEAST 12TH STREET SUITE 10	
CITY- ST- ZIP	POMPANO BEACH FL 33062	
NAME	DS	<input type="checkbox"/> Delete
NAME	BURNS, GINNY	
STREET ADDRESS	3216 SOUTHEAST 12TH STREET SUITE 1	
CITY- ST- ZIP	POMPANO BEACH FL 33062	
NAME	DT	<input type="checkbox"/> Delete
NAME	ARTHUR, LINDA	
STREET ADDRESS	3216 SOUTHEAST 12TH STREET SUITE 4	
CITY- ST- ZIP	POMPANO BEACH FL 33062	
NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
NAME	RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY TEMPLES	
STREET ADDRESS	3216 SE 12TH ST #23	
CITY- ST- ZIP	POMPANO BEACH FL 33062	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
NAME		<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 exemptions contained in Section 119, 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:

*William Sharkey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-07

Date

Daytime Phone #