


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90051 014 ****61.25

DOCUMENT # 763195 1. Entity Name SILVER SHORES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 927, 929 AND 931 BAHIA MAR ROAD VERO BEACH, FL 32963 US	Mailing Address PAUL MROZ 416 CONN WAY VERO BEACH, FL 32963 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 59-2513820 Applied For <input type="checkbox"/> Not Applicable
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01232005 Chg-NP CR2E037 (10/03)

8. Name and Address of Current Registered Agent SCHORNER, JAMES A (P.A.) 3381 OCEAN DRIVE VERO BEACH, FL 32963-1680 <i>new address of the same agent</i>	7. Name and Address of New Registered Agent Name James A. Schorner (P.A) Street Address (P.O. Box Number is Not Acceptable) 1703 Club Drive City Vero Beach FL Zip Code 32963
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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: *Paul Mroz* DATE: _____
(Print or type full name of registered agent and do if applicable) (NOTE: Registered Agent signature is not needed when submitting) DATE

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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
<input type="checkbox"/>	NAME:	STREET ADDRESS:	<input type="checkbox"/> Delete		TITLE:	STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/>	NAME:	STREET ADDRESS:	<input type="checkbox"/> Delete		TITLE:	STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(b), 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 attached explanation address, with all other: the empowered.

SIGNATURE: *Paul Mroz* DATE: _____
(Print or type full name of signing officer or director) DATE