


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 763195</b>	
1. Entity Name SILVER SHORES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 927, 929 AND 931 BAHIA MAR ROAD VERO BEACH, FL 32963 US	Mailing Address PAUL MROZ P.O. BOX 2186 EAGLE, CO 81631 US
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01052007 No Chg-NP CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2513820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

SCHORNER, JAMES A (P.A.)  
 1702 CLUB DRIVE  
 VERO BEACH, FL 32983

**DO NOT WRITE IN THIS SPACE**

8. The above named entry 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 as per statute) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD MARTIN, KAJ 927 BAHIA MAR ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S/D MROZ, PAUL P.O. BOX 2186 EAGLE, CO 81631
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U00000580440  
 01/10/07-80046-024 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 817, 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:  1-4-07 970-477-8405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DISTRICT PHONE #