

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90339 042 ****70.00

DOCUMENT # 764245

1. Entity Name
SILVER BEACH CLUB ASSOCIATION, INC.



Principal Place of Business

% W. ROBERT HEY
1025 S. ATLANTIC AVE
DAYTONA BCH., FL 32118

Mailing Address

% W. ROBERT HEY
1025 S. ATLANTIC AVE
DAYTONA BCH., FL 32118

40076000



DO NOT WRITE IN THIS SPACE

04182006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2997019

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEY, W. ROBERT
1025 S. ATLANTIC AVE
DAYTONA BCH., FL 32118

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IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HEY, W. ROBERT
STREET ADDRESS 1025 S. ATLANTIC AVE
CITY-ST-ZIP DAYTONA BCH., FL 32118

TITLE VD
NAME WALTON, THOMAS
STREET ADDRESS 1025 S. ATLANTIC AVE
CITY-ST-ZIP DAYTONA BCH., FL 32118

TITLE STD
NAME LABOSCO, CHERYL
STREET ADDRESS 1025 S. ATLANTIC AVE
CITY-ST-ZIP DAYTONA BCH., FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/06

386)252-9681