

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000001048**

1. Entity Name  
**SILVER TRAIL MIDDLE SCHOOL BAND PARENTS  
ASSOCIATION, INC.**



Principal Place of Business

**C/O SILVER TRAIL MIDDLE SCHOOL BAND DIR.  
18300 SHERIDAN STREET  
PEMBROKE PINES, FL 33331**

Mailing Address

**C/O SILVER TRAIL MIDDLE SCHOOL BAND DIR.  
18300 SHERIDAN STREET  
PEMBROKE PINES, FL 33331**



01192007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**26-2725784**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KAYE, ROBERT ESQ.  
KAYE & ROGER, P.A.  
6261 NW 6TH WAY SUITE 103  
FORT LAUDERDALE, FL 33309**

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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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALVAREZ, CELIA
STREET ADDRESS	253 SW 161 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	VPD
NAME	PEREZ, ROSA
STREET ADDRESS	2330 NW 189TH AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	TD
NAME	HILLER, STEVEN
STREET ADDRESS	19361 NW 10TH ST.
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	CSD
NAME	HILLER, ANN
STREET ADDRESS	19361 NW 10 ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/07-80002-024 70.00

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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:**

*Steven Hiller* **STEVEN HILLER**

**1/27/07**

**954 441 7314**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #