

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000005064

1. Entity Name
THE BROADWAY TO SILVER BEACH NEIGHBORHOOD
ASSOCIATION, INC.



Principal Place of Business
616 VERMONT AVENUE
DAYTONA BEACH, FL 32118

Mailing Address
616 VERMONT AVENUE
DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

U000000042369
02/10/04-80021-014 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME COLT, PETER
STREET ADDRESS 616 VERMONT AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE D
NAME SNOW, RICHARD K
STREET ADDRESS 616 VERMONT AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE D
NAME SNOW, MARY M
STREET ADDRESS 616 VERMONT AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 my address, with all other like empowered.

SIGNATURE: *Patricia M.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 3/4/04
Date Daytime Phone #

**FILED
Feb 09, 2004 08:00 AM
Secretary of State**



01262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3731561	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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