


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90084 045 \*\*\*\*61.25

0027156

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N95000004667**

1. Corporation Name  
**SILVER SHORES MASTER ASSOCIATION, INC.**

Principal Place of Business 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071	Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071
---	---



2. Principal Place of Business 21 <b>90 PINES PROPERTY MGT</b>	2a. Mailing Address 26 <b>90 PINES PROPERTY MGT</b>	3. Date Incorporated or Qualified 10/02/1995
Suite, Apt. #, etc. 22 <b>17794 SW 2ND ST</b>	Suite, Apt. #, etc. 27 <b>PO BOX 820100</b>	4. FEI Number 65-0703946
City & State 23 <b>PEMBROKE PINES FL</b>	City & State 28 <b>SO. FLORIDA FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>33029</b>	Country 25 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent GRANT, MARK F 200 EAST BROWARD BLVD. FT. LAUDERDALE FL 33301	10. Name and Address of New Registered Agent 81 Name <b>THOMAS R EVANS JR</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>90 PINES PROPERTY MGT</b> 83 <b>17794 SW 2ND ST</b> 84 City <b>PEMBROKE PINES</b> FL 85 Zip Code <b>33029</b>
---	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Thomas R Evans Jr DATE 3-9-99  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DEPLAZA, MARCIE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1401 UNIVERSITY DR STE 200	1.2 NAME	
STREET ADDRESS	CORAL SPRINGS FL 33071	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VD	FANT, ALAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1401 UNIVERSITY DR STE 200	2.2 NAME	
STREET ADDRESS	CORAL SPRINGS FL 33071	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE STD	NORWALK, RICHARD M	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1401 UNIVERSITY DR STE 200	3.2 NAME	
STREET ADDRESS	CORAL SPRINGS FL 33071	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE VD	BRENNAN, NEIL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1401 UNIVERSITY DR STE 200	4.2 NAME	
STREET ADDRESS	CORAL SPRINGS FL 33071	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE VD	COSTELLO, RICHARD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1401 UNIVERSITY DRIVE, STE 200	5.2 NAME	
STREET ADDRESS	CORAL SPRINGS, FL 33071	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE VD	ARKIN, RICHARD	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1401 UNIVERSITY DRIVE, STE 200	6.2 NAME	
STREET ADDRESS	CORAL SPRINGS, FL 33071	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard M Norwalk STD DATE: 3/5/99 DAYTIME PHONE #: 954-753-1730  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

CR2E037 (11/98)