

A M E N D E D
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004667

1. Entity Name
 SILVER SHORES MASTER ASSOCIATION, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT -3 AM 9:59

Principal Place of Business c/o Pines Property Mgmt 17794 SW 2nd Street Pembroke Pines, FL 33029	Mailing Address c/o Pines Property Mgmt 17794 SW 2nd Street Pembroke Pines, FL 33029
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2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number
65-0703946 **Applied For**
Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Evans, Thomas R Jr
 Pines Property Mgmt
 17794 SW 2nd Street
 Pembroke Pines, FL 33029

Name:
Street Address (P.O. Box Number is Not Acceptable)

City **FL** **Zip Code**

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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting) **DATE** _____

**FILE NOW
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	Arkin, Richard	
STREET ADDRESS	1401 University Drive, Suite 200	
CITY-ST-ZIP	Coral Springs, FL 33071	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Delete
NAME	Norwalk, Richard M	
STREET ADDRESS	1401 University Drive, Suite 200	
CITY-ST-ZIP	Coral Springs, FL 33071	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	Brennan, Neil	
STREET ADDRESS	1401 University Drive, Suite 200	
CITY-ST-ZIP	Coral Springs, FL 33071	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	Andreozzi, Dean	
STREET ADDRESS	1401 University Drive, Suite 200	
CITY-ST-ZIP	Coral Springs, FL 33071	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	Costello, Richard	
STREET ADDRESS	1401 University Drive, Suite 200	
CITY-ST-ZIP	Coral Springs, FL 33071	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Dean P. Andreozzi Dean P. Andreozzi 9-26-01 9546030363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DEAN ANDREOZZI, PRESIDENT

CR2E037 (11/00)