


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90008 049 ****61.25

DOCUMENT # N95000004667
 1. Entity Name
SILVER SHORES MASTER ASSOCIATION, INC.



Principal Place of Business C/O PINES PROPERTY MONT 17794 SW 2ND ST PEMBROKE PINES, FL 33029	Mailing Address C/O PINES PROPERTY MONT 17794 SW 2ND ST PEMBROKE PINES, FL 33029
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54037252



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01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0703946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**EVANS, THOMAS R JR
 PINES PROPERTY MGT
 17794 SW 2ND ST
 PEMBROKE PINES, FL 33029**

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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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE VPD	EOTENOE, RICHARD Mark Allison
NAME	16271 SW 18 street
STREET ADDRESS	MIRAMAR FL 33027
CITY-ST-ZIP	
TITLE P D	GARDINER, JOHN Mario Venta
NAME	2443 SW 162 Ave
STREET ADDRESS	MIRAMAR FL 33027
CITY-ST-ZIP	
TITLE SD	GARCIA, ANTERO George Pana
NAME	2121 SW 164 Ave
STREET ADDRESS	MIRAMAR FL 33027
CITY-ST-ZIP	
TITLE TD	CARROLL, CERYL Angela Baldwin
NAME	15258 SW 21 Place
STREET ADDRESS	MIRAMAR FL 33027
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 an address, with other like empowered.

SIGNATURE: Mario Venta **MARIO VENTA** 4/5/2004 954 438-6576
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #