


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 10 AM 8:00

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		
2. Principal Place of Business 15601 Silver Shores Blvd.		3. Mailing Address 15601 Silver Shores Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miramar, Florida		City & State Miramar, Florida		4. FEI Number 65-0703946	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33027		Country USA		Zip 33027	
Country USA		Country USA			
6. Name and Address of Current Registered Agent EVANS, THOMAS R JR PINES PROPERTY MGT 17794 SW 2ND ST PEMBROKE PINES, FL 33029			7. Name and Address of New Registered Agent Name Robert L. Kaye, Esq. Street Address (P.O. Box Number is Not Acceptable) C/O Robert Kaye + Associates 6261 NW 6th Way, Suite #103 City Ft. Lauderdale FL Zip Code 33309		
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 <i>Robert Kaye President</i>			DATE 5-10-04		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			DATE		
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	100038020921	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, MARK		NAME	06/16/04--01052--011	**\$61.25
STREET ADDRESS	16271 SW 18 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTA, MARIO		NAME		
STREET ADDRESS	2443 SW 162 AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANA, GEORGE		NAME		
STREET ADDRESS	2121 SW 164 AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, ANGELA		NAME		
STREET ADDRESS	15258 SW 21 PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 an address, with all other like empowered.					
SIGNATURE: <i>Mark Allison President</i>			Date 6/2/2004 (954) 443-4923		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		