


## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N95000004667</b>						FILED 08 APR 30 AM 6:04 SECRETARY OF STATE 66007126 TALLAHASSEE, FLORIDA		
1. Entity Name <b>SILVER SHORES MASTER ASSOCIATION, INC.</b>								
Principal Place of Business 15601 SILVER SHORES BLVD MIRAMAR, FL 33027			Mailing Address 15601 SILVER SHORES BLVD MIRAMAR, FL 33027					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country	4. FEI Number <b>65-0703946</b>		Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required				
6. Name and Address of Current Registered Agent <b>BROUGH CHADROW &amp; LEVINE, P.A. 1900 N COMMERCE PKWY WESTON, FL 33326</b>				7. Name and Address of New Registered Agent				
				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
				City		<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____								
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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 checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	OCAMPO, ASHLEY		NAME	LACROIX, HEROLD				
STREET ADDRESS	2006 SW 166TH AVE		STREET ADDRESS	15791 SW 20TH STREET				
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	MIRAMAR, FL 33027				
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	HATCHER, MORRIS J		NAME	FAILONI, JOHN				
STREET ADDRESS	15412 SW 18 STREET		STREET ADDRESS	16252 SW 23RD COURT				
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	MIRAMAR, FL 33027				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	HAWKINS, LEE		NAME	GARCIA, ANTERO				
STREET ADDRESS	16254 S.W.18TH PLACE		STREET ADDRESS	15796 SW 26TH STREET				
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	MIRAMAR, FL 33027				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	FERNANDEZ, ARMANDO		NAME	SHEEHAN, MICHAEL				
STREET ADDRESS	1936 SW 150 AVE		STREET ADDRESS	2158 SW 151ST AVENUE				
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	MIRAMAR, FL 33027				
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME			NAME	PANAGIOTOPOULOS, GEORGE				
STREET ADDRESS			STREET ADDRESS	2121 SW 164TH AVENUE				
CITY-ST-ZIP			CITY-ST-ZIP	MIRAMAR, FL 33027				
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 exemptions contained in Chapter 119, 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 the empowered.								
SIGNATURE: _____				PRESIDENT, HOA MARCH 31, 2008				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #		