

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90045 019 \*\*\*\*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  
PEMPBROKE PINES FL 33029

Mailing Address

C/O PINES PROPERTY MONT  
17794 SW 2ND ST  
PEMPBROKE PINES FL 33029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0703946**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**



CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | PD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | HAWKINS, LEE        |  |
| STREET ADDRESS | 16254 SW 18 PL      |  |
| CITY-ST-ZIP    | MIRAMAR FL 33027    |  |
| TITLE          | <del>VPB</del> (PD) | <input type="checkbox"/> Delete            |
| NAME           | GARDINER, JOHN      |  |
| STREET ADDRESS | 16321 SW 23 ST      |  |
| CITY-ST-ZIP    | MIRAMAR FL 33027    |  |
| TITLE          | SD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | JOHNSON, SHELDON    |  |
| STREET ADDRESS | 3291 SW 195 TERRACE |  |
| CITY-ST-ZIP    | MIRAMAR FL 33027    |  |
| TITLE          | (TD)                | <input type="checkbox"/> Delete            |
| NAME           | CARROLL, DERRY      |  |
| STREET ADDRESS | 1853 SW 156 AVE     |  |
| CITY-ST-ZIP    | MIRAMAR FL 33027    |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | Vice President (VPD) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Richard Estenoz      |  |
| STREET ADDRESS | 15095 SW 19 COURT    |  |
| CITY-ST-ZIP    | MIRAMAR, FL. 33027   |  |
| TITLE          | President            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          | Secretary (SD)       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Garcia, Antero       |  |
| STREET ADDRESS | 15796 SW 26 STREET   |  |
| CITY-ST-ZIP    | MIRAMAR, FL. 33027   |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 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:

*JOHN P. GARDINER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03

(954) 438-6570

Date

Daytime Phone #

CR2E037 (10/02)