


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90262 023 ****61.25

DOCUMENT # N97000002342

1. Entity Name
SILVER ISLES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1401 UNIVERSITY DRIVE
 SUITE 200
 CORAL SPRINGS, FL 33071**

Mailing Address
**1401 UNIVERSITY DRIVE
 SUITE 200
 CORAL SPRINGS, FL 33071**

24053317



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04082004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
65-0830862

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**COSTELLO, RICHARD A
 1401 UNIVERSITY DR, STE 200
 POMPANO BEACH, FL 33071**

7. Name and Address of New Registered Agent

Name **STEVEN M. HELFMAN**

Street Address (P.O. Box Number is Not Acceptable)
1401 UNIVERSITY DR.

City **CORAL SPRINGS** FL Zip Code **33071**

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  **STEVEN M. HELFMAN** DATE **4/16/04**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COSTELLO, RICHARD A 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREOZZI, DEAN 1401 UNIVERSITY DR STE 200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ARKIN, RICHARD A 1401 UNIVERSITY DR STE 200 CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NORWALK, RICHARD M 1401 UNIVERSITY DR STE 200 CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MENENDEZ, N. MARIA 1401 UNIVERSITY DR #200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV De PLAZA, MARCIE 1401 UNIVERSITY DR #200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **DEAN ANDREOZZI, Pres.** DATE **4/16/04** DAYTIME PHONE # **954-473-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #