


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90084 041 \*\*\*\*61.25

DOCUMENT # N9700002342

1. Entity Name  
 SILVERISLES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: ~~1401 UNIVERSITY DRIVE SUITE 205 CORAL SPRINGS, FL 33071~~ **19620 PINES BLVD SUITE 200 CORAL SPRINGS, FL 33082-0100**

Mailing Address: ~~1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071~~ **1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33082-0100**

50021560



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 65-0830862 Applied For Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

~~HALFMAN, STEVEN M 1401 UNIVERSITY DR. POMRANO BEACH, FL 33071~~ **EVANS JR, THOMAS R 19620 PINES BLVD SUITE 205 PEMBROKE PINES, FL 33029**

**DO NOT WRITE IN THIS SPACE**

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: **THOMAS R. EVANS JR** *Thomas R. Evans Jr* DATE: **1-25-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>DST DVP</b>	<b>BOGA, BILL</b>
NAME	<b>MENENDEZ, N. MARIA</b>	<b>16448 SW 32 ST</b>
STREET ADDRESS	<b>4401 UNIVERSITY DR. #200</b>	<b>MIRAMAR FL 33027</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>	
TITLE	<b>PD</b>	<b>WASHINGTON, EMMANUEL</b>
NAME	<b>ANDREOZZI, DEAN</b>	<b>16464 SW 32 ST</b>
STREET ADDRESS	<b>4401 UNIVERSITY DR STE 200</b>	<b>MIRAMAR FL</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>	<b>33027</b>
TITLE	<b>DT</b>	<b>LE ROSE, TONY</b>
NAME	<b>DE PLAZA, MARCIE</b>	<b>16330 SW 30 ST</b>
STREET ADDRESS	<b>1401 UNIVERSITY DR. #200</b>	<b>MIRAMAR FL 33027</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>	
TITLE	<b>DS</b>	<b>GAINES, DANIEL</b>
NAME		<b>2970 SW 163 AVE</b>
STREET ADDRESS		<b>MIRAMAR FL 33027</b>
CITY-ST-ZIP		
TITLE	<b>D</b>	<b>BROWN, SANDRA</b>
NAME		<b>16462 SW 31 ST</b>
STREET ADDRESS		<b>MIRAMAR FL 33027</b>
CITY-ST-ZIP		
TITLE	<b>D</b>	<b>ARROYO, ALVIN</b>
NAME		<b>16473 SW 30 ST</b>
STREET ADDRESS		<b>MIRAMAR FL 33027</b>
CITY-ST-ZIP		

**DO NOT WRITE IN THIS SPACE**

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: *James Washington Sr.* DATE: **1-25-05** DAYTIME PHONE: **954 438-6570**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR