

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N97000006762

1. Entity Name  
SILVER BEACH VILLAGE ASSOCIATION, INC.



Principal Place of Business  
426 STRAND  
FREDERIKSTED, VI 00840

Mailing Address  
P. O. BOX 7777  
FREDERIKSTED, VI 00841

FILED

06 OCT 18 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10122006 Chg-NP CR2E037 (4/06)

4. FEI Number  
59-3475398

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LEHMAN, THOMAS W  
% TEW CARDENAS LLP - FOUR SEASONS TOWER  
1441 BRICKELL AVE., 15TH FLOOR  
MIAMI, FL 33131

## 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

Amended AR 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	DP	<input checked="" type="checkbox"/> Delete
NAME	HEY, W. ROBERT	
STREET ADDRESS	1025 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	LABOSCO, CHERYL	
STREET ADDRESS	1025 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	FISKE, MARIE	
STREET ADDRESS	1025 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandy Marr	
STREET ADDRESS	379 Tierras Blancos Ct.	
CITY-ST-ZIP	Las Vegas NV 89138	
TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger Garvin	
STREET ADDRESS	426 Strand	
CITY-ST-ZIP	Frederiksted VI 00840	
TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Priscilla Garvin	
STREET ADDRESS	426 Strand	
CITY-ST-ZIP	Frederiksted VI 00840	
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		
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 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 like empowered.

SIGNATURE:

*Priscilla Garvin*

Priscilla Garvin 10/10/06 340-772-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #