

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006762

FILED
May 01, 2007
Secretary of State

Entity Name: SILVER BEACH VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

426 STRAND
FREDERIKSTED, VI 00840

New Principal Place of Business:

BANK OF HAWAII BLDG #303
MARIANAS HEIGHTS BUSINESS PARK
SAIPAN, MP 96950

Current Mailing Address:

P. O. BOX 7777
FREDERIKSTED, VI 00841

New Mailing Address:

FEI Number: 59-3475398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

05/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP (X) Delete
Name: MARR, SANDY
Address: 379 TIERRAS BLANCOS COURT
City-St-Zip: LAS VEGAS, NV 89138 US

Title: DV () Delete
Name: GARVIN, ROGER
Address: 426 STRAND
City-St-Zip: FREDERIKSTED, VI 00840

Title: DST () Delete
Name: GARVIN, PRISCILLA
Address: 426 STRAND
City-St-Zip: FREDERIKSTED, VI 00840

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: GARVIN, ROGER
Address: PMB 29 BOX 10001
City-St-Zip: SAIPAN, MP 96950

Title: DST (X) Change () Addition
Name: GARVIN, PRISCILLA
Address: PMB 29 BOX 10001
City-St-Zip: SAIPAN, MP 96950

Title: D () Change (X) Addition
Name: ELEONORA, EDUARDO
Address: PO BOX 7777
City-St-Zip: FREDERIKSTED, VI 00841

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO ELEONORA

D

05/01/2007

Electronic Signature of Signing Officer or Director

Date