## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000117715

1. Entity Name SILVER BEACH CONDOMINIUM, INC.



Principal Place of Business

2070 OCEAN BOULEVARD, #3 BOCA RATON, FL 33431 Mailing Address

PO BOX 4110

BOCA RATON, FL 33429

## FILED Apr 22, 2004 08:00 AM Secretary of State



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DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

91112004 No Chg-P CR2

CR2E034 (10/03)

4. FEI Number 54-2083059

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

LEVIN, ZVI 2070 OCEAN BOULEVARD, #3 BOCA RATON, FL 33431

SIGNATURE:

## 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 Signature, typed or printed name of registered egent and talls if applicable (NOTE Registered Agent signature required when reinstating)  DATE   |   |       |  |                                |   |
| FILE NOWIII FEE IS \$150.08  After May 1, 2004 Fee will be \$550.00  9. Election Campaign First Fund Contribute  |   |       |  | \$5.00 May Be<br>Added to Fees | U00000124412<br>04/22/04-80044-015 150.00 |
| 10.  | OFFICERS AND DIREC  | CTORS |  |                                |   |
| TIFLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LEVIN, ZVI<br>2070 OCEAN BOULEVARD, #3<br>BOCA RATON, FL 33431 |       |  |                                |   |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP   |   |       |  |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |       |  | DO                             | NOT WRITE                                 |
| RTLE<br>NAME<br>STREET ADDRESS<br>CRY-ST-ZIP   |   | ,     |  | IN '                           | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |       |  |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |       |  |                                |   |
| 12. I hereby certify that the information supplied with this filling 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 607, 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. |   |       |  |                                |   |