

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000014018

1. Entity Name
SILVER BEACH VILLAS, INC.



Principal Place of Business
1015 SOUTH ATLANTIC AVENUE
DAYTONA BEACH, FL 32118

Mailing Address
1025 SOUTH ATLANTIC AVENUE
DAYTONA BEACH, FL 32118

FILED

06 MAY -1 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3421668

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEY, W. ROBERT
1025 S. ATLANTIC AVENUE
DAYTONA BEACH, FL 32118

**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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEY, W. ROBERT
STREET ADDRESS	1025 SO ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	D
NAME	FISKE, MARIE
STREET ADDRESS	1025 SO ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900074513639
05/12/06--01025--006 **1772.50

**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Hey ROBERT HEY 4/28/06 386-252-9681