

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 28 PM 1: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700001443337  
-03/30/95--01001--004  
\*\*\*\*208.75 \*\*\*\*208.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P93000048845 (0)**

1. Corporation Name  
**SUNSET POINTE AT SILVER LAKES ASSOCIATES, INC.**

Principal Place of Business	Mailing Address
910 NW 179TH AVE PEMBROKE PINES FL 33029 US	910 NW 179TH AVE PEMBROKE PINES FL 33029 US

3. Date Incorporated or Qualified <b>07/13/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0443073</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**HODKIN, PETER M**  
**2200 WEST COMMERCIAL BLVD.**  
**SUITE 302**  
**FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>
NAME	<b>ZUCKERMAN, DAVID</b>
STREET ADDRESS	<b>1201 S.W. 102 AVE.</b>
CITY, ST, ZIP	<b>PEMBROKE PINES FL 33025</b>
TITLE	<b>D</b>
NAME	<b>ZUCKERMAN, ANDREW</b>
STREET ADDRESS	<b>1201 S.W. 102 AVE.</b>
CITY, ST, ZIP	<b>PEMBROKE PINES FL 33025</b>
TITLE	<b>D</b>
NAME	<b>LEVY, MICHAEL</b>
STREET ADDRESS	<b>16855 N.E. 2 AVE, STE 101</b>
CITY, ST, ZIP	<b>NORTH MIAMI BEACH FL 33162</b>
TITLE	<b>D</b>
NAME	<b>LEVY, RONALD</b>
STREET ADDRESS	<b>1550 N.E. MIAMI GARDENS DRIVE</b>
CITY, ST, ZIP	<b>NORTH MIAMI BEACH FL 33179</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, \_\_\_\_\_, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated in this annual report or supplementary annual report is true and accurate and that my report shall have the same legal effect as if made under oath. That I am an officer or director of the corporation at the time of making or having empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. \_\_\_\_\_

SIGNATURE: *Michael Levy* **3/24/95 (305) 437 4616**