

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000048845 (0)**

1. Corporation Name

SUNSET POINTE AT SILVER LAKES ASSOCIATES, INC.



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

3. Date Incorporated or Qualified: **07/13/1993**
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business: **21 1240 S.W. 177 Terrace**
2a. Mailing Address: **26 1240 S.W. 177 Terrace**

4. FEI Number: **65-0443073**
Applied For: Not Applicable

22. Suite, Apt. #, etc.: **22**

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

23. City & State: **23 Pembroke Pines, FL**
28. City & State: **28 Pembroke Pines, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **33029** 25. Country: **USA**
29. Zip: **33029** 30. Country: **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 85 Zip Code:

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 office or 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

Signature typed or printed name of registered agent and date of signature

Date of signature (if changed, date must appear when terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, DAVID	1.2 NAME	
STREET ADDRESS	1201 S.W. 102 AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL 33025	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, ANDREW	2.2 NAME	
STREET ADDRESS	1201 S.W. 102 AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL 33025	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, MICHAEL	3.2 NAME	
STREET ADDRESS	16855 N.E. 2 AVE, STE 101	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, RONALD	4.2 NAME	
STREET ADDRESS	1550 N.E. MIAMI GARDENS DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33179	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby 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 on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **Steven Zuckerman** 4/29/96 (954) 437-1213
DATE: 4/29/96

CR2E034 (12/95)