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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N36583** **(5)**

1. Corporation Name

SILVERLAKES COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PINES PROPERTY MANAGEMENT 17340 PINES BLVD PEMBROKE PINES FL 33029 US	C/O PINES PROPERTY MANAGEMENT P.O. BOX 820100 SOUTH FLORIDA FL 33082-0100 US

3. Date Incorporated or Qualified: 02/07/1990

4. FEI Number: 65-0189028 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 _____
Suite, Apt. #, etc.
22 _____
City & State
23 _____
Zip 24 _____ Country 25 _____

2a. Mailing Address
26 _____
Suite, Apt. #, etc.
27 _____
City & State
28 _____
Zip 29 _____ Country 30 _____

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EVANS, JR. THOMAS R.
17340 PINES BLVD
PEMBROKE PINES FL 33029

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P D	☒ Change ☐ Addition
NAME	MONCHEIN, ROBERT F.		1.2 NAME	GIUNTA, ADOLPH	
STREET ADDRESS	1800 BROOKPARK ROAD		1.3 STREET ADDRESS	17340 PINES BLVD	
CITY-ST-ZIP	CLEVELAND OH		1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	☒ DELETE	2.1 TITLE	V P D	☐ Change ☒ Addition
NAME	FOTI, DEBBIE		2.2 NAME	CAPUOZZO, BRADFORD	
STREET ADDRESS	17340 PINES BLVD		2.3 STREET ADDRESS	17340 PINES BLVD	
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	PD	☒ DELETE	3.1 TITLE	S D	☐ Change ☒ Addition
NAME	HOLLANDER, WALTER		3.2 NAME	GOLDMAN, STEVEN	
STREET ADDRESS	3109 STIRLING ROAD #200		3.3 STREET ADDRESS	17340 PINES BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL		3.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	☒ DELETE	4.1 TITLE	T D	☐ Change ☒ Addition
NAME	BRENNAN, NEIL		4.2 NAME	SILAS, LESLIE D	
STREET ADDRESS	1800 BROOK PARK ROAD		4.3 STREET ADDRESS	17340 PINES BLVD	
CITY-ST-ZIP	CLEVELAND OH		4.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	GIUNTA, AL /		5.2 NAME	COSTANTINO, SALVATORE	
STREET ADDRESS	17340 PINES BLVD		5.3 STREET ADDRESS	17340 PINES BLVD	
CITY-ST-ZIP	PEMBROKE PINES FL		5.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	ALLISON, TERRIE	
STREET ADDRESS			6.3 STREET ADDRESS	17340 PINES BLVD	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added above.

SIGNATURE: ADOLPH A. GIUNTA PRESIDENT 2/5/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0073749

CONFIRMATION OF DIRECTORS

D
BRENNAN, NEIL
1800 BROOK PARK ROAD
CLEVELAND OHIO

D
COLLUM, RICHARD M
4100 NW 17TH AVE
PEMBROKE PINES FL 33029