

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 APR 25 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N47717 (6)**

1. Corporation Name  
**MP AT SILVERLAKES HOMEOWNERS' ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**910 NW 179 AVE. PEMBROKE PINES FL 33029**

3. Date incorporated or Qualified **03/02/1992** 3a. Date of Last Report **10/04/1994**  
4. FEI Number **65-0421716** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **17340 PINES BLVD** 26 **PO BOX 820100**  
22 **PEMBROKE PINES, FL** 27 **FLORIDA, FL**  
23 **33029** 24 **33029** 25 **FL** 28 **FL** 29 **33029** 30 **FL**

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ZUCKERMAN, DAVID**  
**910 NW 179 AVE.**  
**PEMBROKE PINES FL 33029**

10. Name and Address of New Registered Agent  
81 Name **THOMAS R EVANS JR**  
82 Street Address (P.O. Box Number is Not Acceptable) **PINES PROPERTY MGT**  
83 **17340 PINES BLVD**  
84 **PEMBROKE PINES** FL 85 Zip Code **33029**

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 **THOMAS R EVANS JR - MGR** **THOMAS R EVANS JR** 3-31-95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>LEVY, MICHAEL</b>
STREET ADDRESS	<b>16855 NE 2ND AVE #100</b>
CITY - ST - ZIP	<b>N. MIAMI BEACH FL</b>
TITLE	<b>VD</b>
NAME	<b>ZUCKERMAN, STEVEN</b>
STREET ADDRESS	<b>17811 NW 14TH STREET</b>
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<b>STD</b>
NAME	<b>ZUCKERMAN, DAVID</b>
STREET ADDRESS	<b>3525 WASHINGTON LANE</b>
CITY - ST - ZIP	<b>COOPER CITY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 and am duly empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from the attached information.

SIGNATURE: **MICHAEL LEVY** 4/12/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr