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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 11:01

DOCUMENT # N50628 (9)

1. Corporation Name
SUNSET ISLES AT SILVERLAKES HOMEOWNERS' ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2550 W. OAKLAND PARK #201 FT. LAUDERDALE FL 33311 US
C/O BAUER MANAGEMENT CORPORATION P.O. BOX 100547 FT. LAUDERDALE FL 33310 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/28/1992	3a. Date of Last Report 03/28/1994
4. FEI Number 65-0371418	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 192.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 90 PINES PROPERTY MGMT	2a. Mailing Address 90 PINES PROPERTY MGMT
22. Suite, Apt. #, etc. 17340 PINES BLVD	27. Suite, Apt. #, etc. PO BOX 820100
23. City & State PEMBROKE PINES, FL	28. City & State SO FLORIDA, FL
24. Zip 33029	29. Zip 33082-0100

9. Name and Address of Current Registered Agent
**ZUCKERMAN, STEVEN
17811 N.W. 14TH ST.
PEMBROKE PINES FL 33029**

81. Name THOMAS R EVANS JR
82. Street Address (P.O. Box Number is Not Acceptable) PINES PROPERTY MGT 17340 PINES BLVD
83. City & State PEMBROKE PINES FL
84. 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, thereby 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 - Mar 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 reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME LEVY, MICHAEL	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 16855 N.E. 2ND AVE.	CITY - ST - ZIP NORTH MIAMI BCH FL	1.2 NAME AL GIUNTA	
TITLE DV	NAME ZUCKERMAN, STEVEN	1.3 STREET ADDRESS 18132 NW 15 CT	
STREET ADDRESS 17811 N.W. 14TH ST.	CITY - ST - ZIP PEMBROKE PINES FL	1.4 CITY - ST - ZIP PEMBROKE PINES, FL 33029	
TITLE DST	NAME ZUCKERMAN, DAVID	2.1 TITLE VILE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3520 WASHINGTON LANE	CITY - ST - ZIP COOPER CITY FL	2.2 NAME BOB ENGELMAN	
TITLE 	NAME 	2.3 STREET ADDRESS 18030 NW 15 CT	
STREET ADDRESS 	CITY - ST - ZIP 	2.4 CITY - ST - ZIP PEMBROKE PINES, FL 33029	
TITLE 	NAME 	3.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY - ST - ZIP 	3.2 NAME DANA MUNALH	
TITLE 	NAME 	3.3 STREET ADDRESS 1556 NW 183TER	
STREET ADDRESS 	CITY - ST - ZIP 	3.4 CITY - ST - ZIP PEMBROKE PINES, FL 33029	
TITLE 	NAME 	4.1 TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY - ST - ZIP 	4.2 NAME MIKE DUNBAR	
TITLE 	NAME 	4.3 STREET ADDRESS 1535 NW 182 AVE	
STREET ADDRESS 	CITY - ST - ZIP 	4.4 CITY - ST - ZIP PEMBROKE PINES, FL 33029	
TITLE 	NAME 	5.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY - ST - ZIP 	5.2 NAME WILLIE DAVIS	
TITLE 	NAME 	5.3 STREET ADDRESS 18000 NW 16 ST	
STREET ADDRESS 	CITY - ST - ZIP 	5.4 CITY - ST - ZIP PEMBROKE PINES, FL 33029	
TITLE 	NAME 	6.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY - ST - ZIP 	6.2 NAME JOHN TOEN	
TITLE 	NAME 	6.3 STREET ADDRESS 18120 NW 16 ST	
STREET ADDRESS 	CITY - ST - ZIP 	6.4 CITY - ST - ZIP PEMBROKE PINES, FL 33029	

14. I do hereby certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on the attachment with an address.

SIGNATURE: **Thomas R Evans Jr** Date: _____
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date)