

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Feb 27 1996 8:00 am  
Secretary of State

DOCUMENT # N50628 (9)

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



Principal Place of Business	Mailing Address
C/O PINE SPROPERTY 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 <b>08/28/1992</b>	3a. Date of Last Report <b>04/18/1995</b>
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
Country	Country
25.	30.

4. FEI Number <b>65-0371418</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

THOMAS R EVANS JR  
PINES PROPERTY MANAGEMENT  
PEMBROKE PINES FL 33029

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

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: *Thomas R Evans Jr* **THOMAS R EVANS JR** **2/12/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	P	<input type="checkbox"/> DELETE
NAME	GIUNTA, AL	
STREET ADDRESS	18132 NW 15CT	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ENGELMAN, BOB	
STREET ADDRESS	18030 NW 15 CT	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MUNACH, DANA	
STREET ADDRESS	1556 NW 183 TERRACE	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DUNBAR, MIKE	
STREET ADDRESS	1535 NW 82ND AVENUE	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, WILLIE	
STREET ADDRESS	18000 NW 16TH ST	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TOEN, JOHN	
STREET ADDRESS	18120 NW 16TH ST	
CITY - ST - ZIP	PEMBROKE PINES FL	

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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DVP LEIK, EDWARD
2.3 STREET ADDRESS	18010 NW 15CT
2.4 CITY - ST - ZIP	PEMBROKE PINES FL 33029
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DS ENGLEMAN ROBERT
3.3 STREET ADDRESS	18030 NW 15CT
3.4 CITY - ST - ZIP	PEMBROKE PINES FL 33029
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DT TOEN, JOHN
4.3 STREET ADDRESS	18120 NW 16 ST
4.4 CITY - ST - ZIP	PEMBROKE PINES FL 33029
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D MUNACH, DANA
6.3 STREET ADDRESS	18112 NW 15CT
6.4 CITY - ST - ZIP	PEMBROKE PINES FL 33029

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)(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 an attachment with an address.

SIGNATURE: *Thomas R Evans Jr* **THOMAS R EVANS JR** **2/22/96 (954) 437-2237**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)