FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N50628

SUNSET ISLES AT SILVERLAKES HOMEOWNERS' ASSOCIAT ION, INC.

Principal Plac	e of Business	Mailing Address								
C/O PINE SPRI 17340 PINES B PEMBROKE PIN		P O BOX 820100	C/O PINES PROPERTY MANAGEMENT P O BOX 820100 SOUTH FLORIDA FL 33062-0100							
US		US			3. Date Incorporated or Qualified 08/28/1992 3a. Date of Last Report 02/27/1996					
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For Not Applied For Not Applied For				
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Reculred				
22										
City & Stat	е	City & State				6. Election Campaign Financing		\$5.0	May Be	
23		28			Trust Fund Contribution Added to Fee					
Zip	Country	Zip		untry		8. This corporation has liability for it	ntangible te	x under	s. 199.032,	
24	25 9. Name and Address of Currer	29 nt Registered Agent	30	1		Florida Statutes 10. Name and Address of New Rec	Yes	No		
				81	Name	IO. Italia alla Adaless di New Hel	istered A	gent		
THOMAS	S R EVANS JR									
PINES PROPERTY MANAGEMENT				82 Street Address (P.O. Box Number is Not Ac			e)	-		
PEMBROKE PINES FL 33029				83						
				84	City			85 Zir.	Code	
					•		FL			
office or agent + a SIGNATURE	registered agent, of both, in the State in familia with and accept the object.	mos				oration submits this statement for the prion's board of directors. I hereby accep	-2-	ntment a	s registered	
12.	OFFICERS AN		TE Registere	d Ager	nt eignature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	NDEATA	ADC IN 10	
TITLE	P	DELETE	1.1 (0	TLE		ADDITIONS/CITANGES TO OFFICE		Change		
NAME	GIUNTA, AL		1.2 N	AME			_	,		
STREET ADDRESS	18132 NW 15CT		1.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL 336	729	1.4 C	TY-ST	1-2IP					
TITLE	DVP	DELETE	2.1 Ti	TLE			L	Change	Addition	
NAME	LEIK, EDWARD		2.2 N	AME						
STREET ADDRESS	18010 NW 15 COURT		235	TREET	ADDRESS					
CITY - ST - ZIP	PEMBROKE PINES FL	Desert		ITY-S	T-ZIP					
TITLE	SD ENGLEMAN DOREDT	☐ DELETE	3.1 (1				L.	Change	Addition	
NAME STREET ADDRESS	ENGLEMAN, ROBERT 18030 NW 15 COURT		3.2 N							
CITY-SI-ZIP	PEMBROKE PINES FL				ADDRESS					
TITLE	DT DT	DELETE	3.4. C	ITY-SI TLF	1-214		- г	Change	Addition	
NAME	TOEN, JOHN	hand wymen ch	4.2 N					-1 ravanβe	Last Modeling	
STREE1 ADDRESS	18120 NW 16 STREET				ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL			TY-ST						
TITLE	D	DELETE	5.1 TI			· · · · · · · · · · · · · · · · · · ·	Г	Change	Addition	
NAME	DAVIS, WILLIE		5.2 N	AME			-			
STREET ADDRESS	18000 NW 16TH ST		5.3 S1	REET A	ADORESS					
CITY-ST-ZIP	PEMBROKE PINES FL		5.4 CI	TY-ST	- 219					
TITLE	D	☐ DELETE	6.1 TI	TLE			L	Change	Addition	
NAME	MUNACH, DANA		6.2 NA	ME	ŀ					
STREET ADDRESS	18112 NW 15TH COURT		6.3 \$1	REET A	ADDRESS .					
CITY OF JID	DEMBRONE DINES EI									

14. I do 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 it planted, of or all attachment with an address.

SIGNATURE:

1-14-97 (954) 438-6570

APPROVED AND FILED

97 JAN 29 AM 9: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13

SIGNATURE:

Principal Place of Business



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N50628

(9)

Mailing Address

SUNSET ISLES AT SILVERLAKES HOMEOWNERS' ASSOCIAT ION, INC.

C/O PINES PROPERTY MANAGEMENT C/O PINE SPROPERTY MANAGEMENT 17340 PINES BLVD P O BOX 820100 SOUTH FLORIDA FL 33082-0100 PEMBROKE PINES FL 33029 Date Incorporated or Qualified 08/28/1992 3a. Date of Last Report HS US 02/27/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0371418 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ziρ Country Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes **Z**No 24 30 Florida Statutes 29 25 9. Name and Address of Current Registered Agent 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 MANAGEMENT 83 PEMBROKE PINES FL 33029 84 Zip Code Čitv 85 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 has authorized by the corporation's board of directors. I hereby accept the appointment as registered agent am familiar with and/accept the objections of, Section 617.0803, Florida Statutes. agent tam fami SIGNATURE DATE NOTE: Registered Agent eignature required when reinstating) OFFICERS AND DIREC ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE Change Addition TITLE GIUNTA, AL NAME 1.2 NAME 18132 NW 15CT 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33029 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE LEIK. EDWARD NAME 2.2 NAME 18010 NW 15 COURT STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 3.1 TITLE Change ☐ Addition TITLE ENGLEMAN, ROBERT 3.2 NAME NAME 18030 NW 15 COURT STREET ADDRESS 3.3 STREET ADDRESS PEMBROKE PINES FL CITY-SI-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE DT 4.1 TITLE NAME TOEN, JOHN 4. 2 NAME 18120 NW 16 STREET 4.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE D 5.1 TITLE NAME DAVIS, WILLIE 5.2 NAME 18000 NW 16TH ST STREET ADDRESS **5.3 STREET ADDRESS** PEMBROKE PINES FL CITY-ST-ZIP 54 CITY+ST-2IP DELETE Addition 6.1 TITLE Change TITLE NAME MUNACH, DANA 6.2 NAME 18112 NW 15TH COURT STREET ADDRESS 6.9 STREET ADDRESS PEMBROKE PINES FL 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I do 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 this ecciver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

with an address.

FEOURED

APPROVED AND

97 JAN 29 AM 9: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA



1-14-97 (954) 438-6570

(96/6)