


FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

97 JAN 29 AM 9:42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N50628 (9)
1. Corporation Name
SUNSET ISLES AT SILVERLAKES HOMEOWNERS' ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 08/28/1992
3a. Date of Last Report: 02/27/1996
4. FEI Number: 65-0371418
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent: THOMAS R EVANS JR, PINES PROPERTY MANAGEMENT, PEMBROKE PINES FL 33029
10. Name and Address of New Registered Agent (81-85)

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 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 617.0603, Florida Statutes.
SIGNATURE: *Thomas R Evans Jr* DATE: 1-2-97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GIUNTA, AL	
STREET ADDRESS	18132 NW 15CT	
CITY - ST - ZIP	PEMBROKE PINES FL 33029	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LEIK, EDWARD	
STREET ADDRESS	18010 NW 15 COURT	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ENGLEMAN, ROBERT	
STREET ADDRESS	18030 NW 15 COURT	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	TOEN, JOHN	
STREET ADDRESS	18120 NW 16 STREET	
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 type="checkbox"/> DELETE
NAME	MUNACH, DANA	
STREET ADDRESS	18112 NW 15TH COURT	
CITY - ST - ZIP	PEMBROKE PINES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *Al Giunta* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1-14-97 (954) 438-6570
Date Daytime Phone #

CR2E037 (9/96)


FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

97 JAN 29 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 08/28/1992
3a. Date of Last Report 02/27/1996
4. FEI Number 65-0371418
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
THOMAS R EVANS JR
PINES PROPERTY MANAGEMENT
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 617.0603, Florida Statutes.

SIGNATURE *Thomas R Evans Jr* DATE 1-2-97
Signature typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GIUNTA, AL	
STREET ADDRESS	18132 NW 15CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LEIK, EDWARD	
STREET ADDRESS	18010 NW 15 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ENGLEMAN, ROBERT	
STREET ADDRESS	18030 NW 15 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	TOEN, JOHN	
STREET ADDRESS	18120 NW 16 STREET	
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 type="checkbox"/> DELETE
NAME	MUNACH, DANA	
STREET ADDRESS	18112 NW 15TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 applicable, or on an attachment with an address.

SIGNATURE: *Al Giunta* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 1-14-97 (954) 438-6570 DAYTIME PHONE # 0026293

CR2E037 (9/96)