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**Mar 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50628 (9)

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



Principal Place of Business C/O PINE S PROPERTY 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
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3. Date Incorporated or Qualified 08/28/1992	Applied For Not Applicable
4. FEI Number 65-0371418	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GIUNTA, AL	
STREET ADDRESS	18132 NW 15CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LEIK, EDWARD	
STREET ADDRESS	18010 NW 15 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input checked="" 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 checked="" 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	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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ST D TOEN, JOHN
3.3 STREET ADDRESS	18120 NW 16 ST
3.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ENGLEMAN, ROBERT
4.3 STREET ADDRESS	18030 NW 15 CT
4.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D LEUY, MICHAEL
5.3 STREET ADDRESS	1554 NW 182 AVE
5.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D MC DONALD, OLIVER
6.3 STREET ADDRESS	18001 NW 16 ST
6.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029

14. I 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: *Thomas R Evans Jr* Pre 2/26/98

CPRE037 (10/97)