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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N50628

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 <i>40 PINES PROPERTY MGMT</i>	26	08/28/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 <i>17794 SW 2ND ST</i>	27	65-0371418
City & State	City & State	Applied For
23 <i>PEMBROKE PINES</i>	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24 <i>33029</i>	25 <i>USA</i>	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing <input type="checkbox"/>
29	30	Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

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 82 Street Address (P.O. Box Number is Not Acceptable) <i>40 PINES PROPERTY MGMT</i> 83 <i>17794 SW 2ND ST</i> 84 <i>PEMBROKE PINES</i> FL 85 Zip Code <i>33029</i>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIUNTA, AL	1.2 NAME	
STREET ADDRESS	18132 NW 15CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIK, EDWARD	2.2 NAME	
STREET ADDRESS	18010 NW 15 COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOEN, JOHN	3.2 NAME	<i>ST ENGLEMAN, ROBERT</i>
STREET ADDRESS	18120 NW 16 ST	3.3 STREET ADDRESS	<i>18030 NW 15 CT</i>
CITY-ST-ZIP	PEMBROKE PINES FL 33029	3.4 CITY-ST-ZIP	<i>PEMBROKE PINES FL 33029</i>
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGLEMAN, ROBERT	4.2 NAME	<i>D JARMIN, GRAHAM</i>
STREET ADDRESS	18030 NW 15 CT	4.3 STREET ADDRESS	<i>18122 NW 15 CT</i>
CITY-ST-ZIP	PEMBROKE PINES FL 33029	4.4 CITY-ST-ZIP	<i>PEMBROKE PINES FL 33029</i>
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEUY, MICHAEL	5.2 NAME	
STREET ADDRESS	1554 NW 182 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONALD, OLIVER	6.2 NAME	<i>RUNDOLL, RICK</i>
STREET ADDRESS	18001 NW 16 ST	6.3 STREET ADDRESS	<i>1534 NW 182 AVE</i>
CITY-ST-ZIP	PEMBROKE PINES FL 33029	6.4 CITY-ST-ZIP	<i>PEMBROKE PINE FL 33029</i>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *1/28/99* DAYTIME PHONE #: *(954) 438-3951*

CR2E037 (11/98)