

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90089 038 ****61.25

DOCUMENT # N50628

1. Entity Name

SUNSET ISLES AT SILVERLAKES HOMEOWNERS' ASSOCIAT

Principal Place of Business

Mailing Address

C/O PINES PROPERTY BLVD.
 17794 S.W. 2ND STREET
 PEMBROKE PINES FL 33029
 US

C/O PINES PROPERTY MANAGEMENT
 P O BOX 820100
 SOUTH FLORIDA FL 33082-0100
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0371418

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS R EVANS JR
C/O PINES PROPERTY MANAGEMENT
17794 S.W. 2ND STREET
PEMBROKE PINES FL 33029

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	ST	<input type="checkbox"/> Delete
NAME	ENGLEMAN, ROBERT	
STREET ADDRESS	18030 N.W. 15 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	JARMIN, GRAHAM	
STREET ADDRESS	18122 N.W. 15 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEUY, MICHAEL	
STREET ADDRESS	1554 NW 182 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUNDELL, RICK	
STREET ADDRESS	1534 N.W. 182 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-00

CR2E037 (9/99)