

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0072345

04-01-2002 90170 047 ****61.25

DOCUMENT # N50628

1. Entity Name

SUNSET ISLES AT SILVERLAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business C/O PINES PROPERTY BLVD. 17794 S.W. 2ND STREET 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 65-0371418	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME P GIUNTA, AL	<input type="checkbox"/> Delete
STREET ADDRESS 18132 NW 15CT	
CITY-ST-ZIP PEMBROKE PINES FL	
TITLE NAME DVP LEIK, EDWARD	<input type="checkbox"/> Delete
STREET ADDRESS 18010 NW 15 COURT	
CITY-ST-ZIP PEMBROKE PINES FL	
TITLE NAME ST ENGLEMAN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS 18030 N.W. 15 COURT	
CITY-ST-ZIP PEMBROKE PINES FL 33029	
TITLE NAME D JARMIN, GRAHAM	<input type="checkbox"/> Delete
STREET ADDRESS 18122 N.W. 15 COURT	
CITY-ST-ZIP PEMBROKE PINES FL 33029	
TITLE NAME D LEWY, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS 1554 NW 182 AVE	
CITY-ST-ZIP PEMBROKE PINES FL 33029	
TITLE NAME D RUNDELL, RICK	<input type="checkbox"/> Delete
STREET ADDRESS 1534 N.W. 182 AVENUE	
CITY-ST-ZIP PEMBROKE PINES FL 33029	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Adolph A. Giunta* **ADOLPH A. GIUNTA** 2/24/02 954 438-6570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)