


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

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**



01092004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0371418

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. 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**

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6. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

100000117637
04/19/04-99027-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIUNTA, AL 18132 NW 15CT PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEIK, EDWARD 18010 NW 15 COURT PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ENGLEMAN, ROBERT 18030 N.W. 15 COURT PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARMIN, GRAHAM 18122 N.W. 15 COURT PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEUY, MICHAEL 1554 NW 182 AVE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUNDELL, RICK 1534 N.W. 182 AVENUE PEMBROKE PINES, FL 33029

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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 2/4/04 954 438-6570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #