


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90333 026 ****61.25

DOCUMENT # N50628

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



Principal Place of Business *SUITE 205* Mailing Address
C/O PINES PROPERTY BLVD. SUITE 205 C/O PINES PROPERTY MANAGEMENT
~~17794 S.W. 2ND STREET~~ P O BOX 820100
19620 PINES BLVD PEMBROKE PINES, FL 33029 US
 SOUTH FLORIDA, FL 33082-0100 US

50039874



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0371418	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMAS R EVANS JR
C/O PINES PROPERTY MANAGEMENT SUITE 205
~~17794 S.W. 2ND STREET~~ **19620 PINES BLVD**
 PEMBROKE PINES, FL 33029

DO NOT WRITE IN THIS SPACE

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. 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, 2005

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

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 officers empowered.

SIGNATURE: *Adelma A. Giunta, President* Date: *4-8-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #