


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90045 021 \*\*\*\*61.25

<b>DOCUMENT # N50628</b> 1. Entity Name <b>SUNSET ISLES AT SILVERLAKES HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O PINES PROPERTY BLVD.          19620 PINES BLVD, STE 205          PEMBROKE PINES FL 33029          US</b>		Mailing Address <b>C/O PINES PROPERTY MANAGEMENT          P O BOX 820100          SOUTH FLORIDA FL 33082-0100          US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0371418</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> <b>THOMAS R EVANS JR          C/O PINES PROPERTY MANAGEMENT          19620 PINES BLVD, STE 205          PEMBROKE PINES FL 33029</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>ROBERT KAYE ASSOCIATES, P.A</b> Street Address (P.O. Box Number is Not Acceptable) <b>6261 NW 67th WAY          SUITE 103</b> City <b>FT. LAUDERDALE FL</b> Zip Code <b>33309</b>	
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 <u><i>Robert Kaye President</i></u> DATE <u>4-13-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>FILE NOW: FEE IS \$61.25          Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GIUNTA, AL 18132 NW 15CT HOLLYWOOD FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Al Giunta</i> PEMBROKE PINES
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOLEJO, ROMAN 1514 NW 182 WAY MIAMI FL 33129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DST BARBARENA, MAX 1511 NW 180 WAY PEMBROKE PINES FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WINGERTER, ROBERT 1544 NW 182 AVE HOLLYWOOD FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D LEUY, JIM 18111 NW 16 ST PEMBROKE PINES FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TEMPLETON, DAVID 18120 NW 16 ST HOLLYWOOD FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D LOUIS, JONATHAN 18122 NW 15 CT PEMBROKE PINES FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRIOCE, ED 1541 NW 180 WAY HOLLYWOOD FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PEMBROKE PINES
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV RUNDELL, RICK 1534 N.W. 182 AVENUE PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 I 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: <u><i>Adolph A. Giunta</i></u>		Date: <u>3/14/07</u> <u>954-438-6576</u>	



1st MOORE CR2E037 (10/06)