

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50628

FILED
Apr 24, 2009
Secretary of State

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

Current Principal Place of Business:

C/O PINES PROPERTY BLVD.
19620 PINES BLVD, STE 205
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

C/O PINES PROPERTY MANAGEMENT
P O BOX 820100
SOUTH FLORIDA, FL 330820100 US

New Mailing Address:

FEI Number: 65-0371418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS & GOLDWYN, P.A.
2 SOUTH UNIVERSITY DR #210
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIUNTA, AL
Address: 18132 NW 15CT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DST () Delete
Name: BARBARENA, MAX
Address: 1511 NW 180 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP () Delete
Name: LEVY, JIM
Address: 18111 NW 16 ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: LOUIS, JONATHAN
Address: 18122 NW 15 CT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: PRIOCE, ED
Address: 1541 NW 180 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: P () Delete
Name: RUNDELL, RICK
Address: 1534 N.W. 182 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PRIORE, ED
Address: 1541 NW 180 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK RUNDELL

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date