


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90047 008 \*\*\*\*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**

2. Principal Place of Business  
Suite, Apt. #, etc.


3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0371418**

Applied For  
 Not Applicable

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Alfred N. Smith, President* 1-9-03 954 438-6570

CR2E037 (10/02)