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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002716 (8)**

1. Corporation Name

SUNSET POINTE AT SILVERLAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PINES PROPERTY MGT 17340 PINE SBLVD PEMBROKE PINES FL 33029 US	C/O PINES PROPERTY MGT P O BOX 820100 SO FLORIDA FL 33082-0100 US

3. Date Incorporated or Qualified: 06/01/1994
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 65-0554218 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

THOMAS R EVANS JR
PINES PROPERTY MGT
17340 PINES BLVD
PEMBROKE PINES FL 33029

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Thomas R Evans JR — 1-2-97
Thomas R Evans JR (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LEVY, MICHAEL		12 NAME		
STREET ADDRESS	910 N.W. 179TH AVE.		13 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		14 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	ZUCKERMAN, STEVEN		22 NAME		
STREET ADDRESS	910 N.W. 179TH AVE.		23 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		24 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	ZUCKERMAN, DAVID		32 NAME		
STREET ADDRESS	6650 N.W. 41ST ST.		33 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: STEVEN ZUCKERMAN 1-29-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0026292