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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002716

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

2. Principal Place of Business 21 C/O PINES PROPERTY MGT	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/01/1994
Suite, Apt. #, etc. 22 17794 SW 2 ST	Suite, Apt. #, etc. 27	4. FEI Number 65-0554218 ☐ Applied For ☐ Not Applicable
City & State 23 PEMBROKE PINES FL	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33029 25 USA	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMAS R EVANS JR PINES PROPERTY MGT 17340 PINES BLVD PEMBROKE PINES FL 33029	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) C/O PINES PROPERTY MGT 83 17794 SW 2 ST 84 City PEMBROKE PINES FL 85 Zip Code 33029

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DP	☑ Change ☒ Addition
NAME	LEVY, MICHAEL		1.2 NAME	ZUCKERMAN, ANDREW	
STREET ADDRESS	910 N.W. 179TH AVE.		1.3 STREET ADDRESS	1233 SW 177 TER	
CITY-ST-ZIP	PEMBROKE PINES FL 33029		1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	DV	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ZUCKERMAN, STEVEN		2.2 NAME		
STREET ADDRESS	910 N.W. 179TH AVE.		2.3 STREET ADDRESS	1233 SW 177 TER	
CITY-ST-ZIP	PEMBROKE PINES FL 33029		2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZUCKERMAN, DAVID		3.2 NAME		
STREET ADDRESS	6650 N.W. 41ST ST.		3.3 STREET ADDRESS	1233 SW 177 TER	
CITY-ST-ZIP	CORAL SPRINGS FL 33067		3.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #