2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90170 017 ****61.25

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DOCUMENT # N94000002716

1. Entity Name

SUNSET POINTE AT SILVERLAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PINES PROPERTY MGT 17794 SW 2 ST PEMBROKE PINES FL 33029 US	C/O PINES PROPERTY MGT P O BOX 820100 SO FLORIDA FL 33082-0100 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS R EVANS JR PINES PROPERTY MGT 17794 SW 2 ST PEMBROKE PINES FL 33029	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.

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NUNEZ, RENEE 1345 SW 173 WAY PEMBROKE PINES FL 33029	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BENITEZ, MANNY 17431 SW 12 ST PEMBROKE PINES FL 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP AMBRISTER, ANTHONY 17774 SW 12ST PEMBROKE PINES FL 33029	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP TELFER, DALE 17531 SW 12-ST PEMBROKE PINES FL 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SCHELL, RON 17385 SW 13 ST PEMBROKE PINES FL 33029	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEWELL, TYRONE 17294 SW 12 ST PEMBROKE PINES FL 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CAIN, LOREM 17651 SW 12ST HOLLYWOOD FL 33029	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MINUET, ANTIONETTE 1335 SW 173 WAY PEMBROKE PINES FL 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DAHDOUH, JOHN 1330 SW 175 WAY HOLLYWOOD FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PEMBROKE PINES FL 33029	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUITTERREZ, PAM 1324 SW 173 WAY HOLLYWOOD FL 33029	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PEMBROKE PINES FL 33029	☒ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED MANNY BENITEZ PRES. 3-12-02 954 438-6570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #