2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

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

01092004 No Chg-NP CR2E037 (10/03)

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

THOMAS R EVANS JR
PINES PROPERTY MGT
17794 SW 2 ST
PEMBROKE PINES, FL 33029

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000117623
04/19/04-80027-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BENITEZ, MANNY
STREET ADDRESS	17431 SW 12 ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	DS
NAME	MARTE, JUDITH
STREET ADDRESS	1290 SW 176 WAY
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	D
NAME	SEWELL, TYRONE
STREET ADDRESS	17431 SW 12 ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	DVP
NAME	MINOET, ANTIONETTE
STREET ADDRESS	17431 SW 12 ST
CITY-ST-ZIP	HOLLYWOOD, FL 33029
TITLE	DT
NAME	DAHDOUH, JOHN
STREET ADDRESS	1330 SW 175 WAY
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	DVP
NAME	AIKEN, LIZBETH
STREET ADDRESS	17285 SW 13 ST.
CITY-ST-ZIP	PEMBROKE PINES, FL 33029

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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: _____ 1-30-04 305-885-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #