


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90149 020 ****61.25

DOCUMENT # N94000002716	
1. Entity Name SUNSET POINTE AT SILVERLAKES HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business C/O PINES PROPERTY MGT 19620 PINES BLVD, STE 205 PEMBROKE PINES, FL 33029 US	Mailing Address C/O PINES PROPERTY MGT P O BOX 820100 SO FLORIDA, FL 33082-0100 US
---	---

DO NOT WRITE IN THIS SPACE

	
02092006 No Chg-NP	CR2E037 (11/05)
4. FEI Number 65-0554218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS R EVANS JR
PINES PROPERTY MGT
19620 PINES BLVD, STE 205
PEMBROKE PINES, FL 33029

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

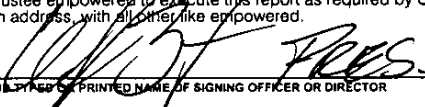
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENITEZ, MANNY 17431 SW 12 ST PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DVT TEIXERA, ANDRE MARIE, JUDITH 1290 SW 176 WAY 17311 SW 12 ST PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEWELL, TYRONE 17431 SW 12 ST PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DS MINOET, ANTIONETTE TEIXERA, MICHAEL 17431 SW 12 ST 17311 SW 12 ST 33 HOLLYWOOD, FL 33029 - PEMBROKE PINES FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP D DAHDQUH, JOHN IGESIAS, RICARDO 1330 SW 176 WAY 17511 SW 12 ST PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP D AIKEN, LIZBETH RALLO, ANNETTE 17285 SW 143 ST 17265 SW 13 ST PEMBROKE PINES, FL 33029

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  PRES. 4-11-06 305-895-1717

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #