2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002716

FILED Apr 24, 2009 Secretary of State

Entity Name: SUNSET POINTE AT SILVERLAKES HOMEOWNERS' ASSOCIATION, INC.

| Current Principal Place of Business: | | | | New Princ | New Principal Place of Business: | | |
|---|---|------------------|-------------------|---|----------------------------------|---|--|
| 19620 PINE | S PROPERTY ES BLVD, ST (E PINES, FL | E 205 | | | | | |
| Current Mailing Address: | | | | New Maili | New Mailing Address: | | |
| POBOX8 | S PROPERTY 320100 DA, FL 3308: | | | | | | |
| FEI Number: | 65-0554218 | FEI Number A | Applied For () | FEI Number Not Appl | icable () | Certificate of Status Desired () | |
| Name and | Address of | Current Regis | tered Agent: | Name and | Address o | f New Registered Agent: | |
| 2 SOUTH (| & GOLDWYI UNIVERSITY ON, FL 3332 | DR #210 | | | | | |
| | named entity of Florida. | submits this st | atement for the p | ourpose of changing i | ts registered | d office or registered agent, or both, | |
| SIGNATUF | RE: | | | | | | |
| | Electro | onic Signature o | f Registered Age | ent | | Date | |
| OFFICERS | S AND DIRE | CTORS: | | ADDITION | S/CHANGE | ES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | BENITEZ, MA 17431 SW 12 | | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TEIXECA, AN 17311 SW 12 | | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SEWELL, TY 17431 SW 12 | | | Title: Name: Address: City-St-Zip: | | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | TEXIERA, MIC 17311 SW 12 | :ST | | Title: Name: Address: City-St-Zip: | | (X) Change () Addition BOB 2TH STREET E PINES, FL 33029 | |
| Title: Name: Address: City-St-Zip: | IGESIAS, RIC 17511 SW 12 | | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | LYDZINSKI, E 17454 SW 12 | |) | Title: Name: Address: City-St-Zip: | | ()Change ()Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANNY BENITEZ DP 04/24/2009