2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State
02-13-2003 90233 027 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. 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)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BENITEZ, MANNY 17431 SW 12 ST PEMBROKE PINES FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP AIKEN, LIZBETH 17285 SW 13 STREET PEMBROKE PINES FL 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP TELFER, DALE 17431 SW 12 ST PEMBROKE PINES FL 33029	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MARTE, JUDITH 1290 SW 176 Way Pembroke Pines FL 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEWELL, TYRONE 17431 SW 12 ST PEMBROKE PINES FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IGLESIAS, RICARDO 17511 SW 12 STREET Pembroke Pines FL 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MINOET, ANTIONETTE 17431 SW 12 ST HOLLYWOOD FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVY, RICK 17331 SW 12 STREET Pembroke Pines FL 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DAHDOUH, JOHN 1330 SW 175 WAY PEMBROKE PINES FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYDZINSKI, ROBERT 17454 SW 12 STREET Pembroke Pines FL 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUITTERREZ, PAM 1324 SW 173 WAY PEMBROKE PINES FL 33029	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 1-16-03 305-885-1717