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

DOCUMENT # N9400002716

1. Entity Name

SUNSET POINTE AT SILVERLAKES HOMEOWNERS' ASSOCIA



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90233 027 ****61.25

HON, INC.		GOO WE THE				
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					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			HECK HERE IF MAK	ING CHANGE	s
City & State	City & State	City & State		4. FEI Number 65-0554218		Applied For Not Applicable
Zip Country	Zip -	Country	5. Certificate of Sta		**************************************	dditiona)
6. Name and Address of Curren	t Registered Agent		7. Name and Addre	ess of New Register	red Agent	
6. Name and Address of Curren	r registerou Agent	Name				
THOMAS R EVANS JR PINES PROPERTY MGT		Street Address	(P.O. Box Number is Not Acceptable)			
17794 SW 2 ST PEMBROKE PINES FL 33029					⊏∎ Zip Co	
PEMBRONE FINES PL 33029		City	,		FL Zip Co	Juc
8. The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its re-	gistered office or registe	ered agent, or both, in t	he State of Florida. I	am familiar wit	h, and accept
the obligations of registered agent.		gistered office or registered office or registered agent signature require		DA	ATE	
the obligations of registered agent.		Registered Agent signature require	\$5.00 May Be Added to Fees	Make Ch Florida De	neck Payabl	e to f State
the obligations of registered agent. SIGNATURE	nt and title if applicable. (NOTE: R 9. Election Camp Trust Fund Cor	Registered Agent signature require	red when reinstating) \$5.00 May Be	Make Ch Florida De	neck Payabl partment o	e to f State
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25 10. OFFICERS AND DESCRIPTION OFFICERS AND DESC	nt and title if applicable. (NOTE: R 9. Election Camp Trust Fund Cor	naign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make Ch Florida De S TO OFFICERS AND	neck Payable partment o	e to f State
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25 10. OFFICERS AND DITTLE DP BENITEZ, MANNY	nt and title if applicable. (NOTE: R 9. Election Camp Trust Fund Cor	egistered Agent signature required agent Financing entribution. 11. TITLE DY ATT STREET ADDRESS CITY-ST-ZIP PET TITLE NAME	**S.00 May Be Added to Fees ADDITIONS/CHANGE ADDITIONS/CHANGE	Make Ch Florida De STO OFFICERS ANI TH STREET ISS FL 3	neck Payable partment o	le to f State IN 10 e Addition
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TILE NOW: FEE IS \$61.25 TILE NOW: FEE IS \$61.25 TILE NOW: FEE IS \$61.25 TITLE DP NAME BENITEZ, MANNY STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33029 TITLE NAME STREET ADDRESS TELFER, DALE STREET ADDRESS 17431 SW 12, ST	9. Election Camp Trust Fund Cor	alegistered Agent signature required agent signature require agent signature agent signature require require agent signature require agent signature require agent signature require agent signature require requ	\$5.00 May Be Added to Fees ADDITIONS/CHANGE /P KEN, LIZBE &5 SW 13 MBROKE PIN SARTE, JUDIT 10, SW 176, March Pin Mbroke Pin MLESIAS, RI 511 SW 12	Make Ch Florida De STO OFFICERS ANI TH STREET IES FL 3	neck Payable partment of DIRECTORS Change	le to f State IN 10 e Addition Addition

PEMBROKE PINES FL 33029 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ocurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director secute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filling indicated on this report or supplemental reports true and of the corporation or the receiver or trustee impowered to changed, or on an attachment with an add

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS 17231

LYDZINSKI, ROBERT

17454 SW 12

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

17431 SW 12 ST

DAHDOUH, JOHN

1330 SW 175 WAY

GUITTERREZ, PAM

1324 SW 173 WAY

HOLLYWOOD FL 33029

PEMBROKE PINES FL 33029

☐ Delete

Delete

Addition