2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2024
Secretary of State
7845994896CC

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

Current Principal Place of Business:

C/O PINES PROPERTY MGT
6941 SW 196 AVE, SUITE 27
PEMBROKE PINES, FL 33332

Current Mailing Address:

C/O PINES PROPERTY MGT
P O BOX 820100
SO FLORIDA, FL 33082-0100 US

FEI Number: 65-0554218

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEVENS & GOLDWYN, P.A.
2 SOUTH UNIVERSITY DR
#329
PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	GARCIA, ALEX
Address	C/O PINES PROPERTY MGT 6941 SW 196 AVE, SUITE 27
City-State-Zip:	PEMBROKE PINES FL 33332

Title	VP
Name	BENITEZ, MARY
Address	C/O PINES PROPERTY MGT 6941 SW 196 AVE, SUITE 27
City-State-Zip:	PEMBROKE PINES FL 33332

Title	DIRECTOR
Name	HERNANDEZ, ABEL
Address	C/O PINES PROPERTY MGT 6941 SW 196 AVE, SUITE 27
City-State-Zip:	PEMBROKE PINES FL 33332

Title	SECRETARY
Name	FORD, ELLEN
Address	C/O PINES PROPERTY MANAGEMENT 6941 SW 196TH AVE., SUITE #27 PEMBROKE PINES, FL 33332 US
City-State-Zip:	SOUTHWEST RANCHES FL 33332

Title	DIRECTOR
Name	SALVI, AL
Address	C/O PINES PROPERTY MGT 6941 SW 196 AVE, SUITE 27
City-State-Zip:	PEMBROKE PINES FL 33332

Title	PRESIDENT
Name	LUBOW, WARREN
Address	C/O PINES PROPERTY MGT 6941 SW 196 AVE, SUITE 27
City-State-Zip:	PEMBROKE PINES FL 33332

Title	DIRECTOR
Name	HALL , CHUCK
Address	C/O PINES PROPERTY MANAGEMENT 6941 SW 196TH AVE., SUITE #27 PEMBROKE PINES, FL 33332 US
City-State-Zip:	SOUTHWEST RANCHES FL 33332

I hereby 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 all other like empowered.

SIGNATURE: LUBOW WARREN PRESIDENT 03/28/2024

Electronic Signature of Signing Officer/Director Detail — Date