2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002716

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:

City-State-Zip:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title

Name BENITEZ, MANNY Name TEIXEIRA, ANDRE

Address C/O PINES PROPERTY MGT Address C/O PINES PROPERTY MGT

6941 SW 196 AVE, SUITE 27 6941 SW 196 AVE, SUITE 27

City-State-Zip: PEMBROKE PINES FL 33332 City-State-Zip: PEMBROKE PINES FL 33332

Title D Title VP

Name SEWELL, TYRONE Name IGESIAS, RICARDO

Address C/O PINES PROPERTY MGT Address C/O PINES PROPERTY MGT

6941 SW 196 AVE, SUITE 27 6941 SW 196 AVE, SUITE 27

City-State-Zip:

PEMBROKE PINES FL 33332

Title SECRETARY Title DIRECTOR

Name ALTUNA, MARIA Name FASANO, EVERETT

Address C/O PINES PROPERTY Address C/O PINES PROPERTY MANAGEMENT

MANAGEMENT, INC 6941 SW 196TH AVE SUITE 27 6941 SW 196TH AVE SUITE 27 6941 SW 196TH AVE SUITE 27 6941 SW 196TH AVE SUITE 27

City-State-Zip: PEMBROKE PINES FL 33332

Title DIRECTOR

Name FERNANDEZ, ANTONETTE

Address C/O PINES PROPERTY MANAGEMENT

6941 SW 196TH AVE SUITE 27

PEMBROKE PINES FL 33332

City-State-Zip: PEMBROKE PINES 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: BENITEZ, MANNY P 03/24/2015

FILED Mar 24, 2015

Secretary of State

CC4019484218