FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:15

DOCUMENT # 758328 (9)

1. Corporation Name

SILK OAK LODGE MOBILE HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
28488 U.S. HIGHWAY 19 NORTH, LOT #83 CLEARWATER FL 34621	28488 U.S. HIGHWAY 19 NORTH, LOT #83 CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1981
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2093845 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GRIFFIN, LINDA SUZZANNE
1455 COURT STREET
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	GRANGER, GERARD A.	1.2 NAME	BRIDGEMAN ORVIL
STREET ADDRESS	28488 US HWY 19 N, LT 83	1.3 STREET ADDRESS	28488 U.S. 19 NORTH LOT# 113
CITY-ST-ZIP	CLEARWATER, FL 00000	1.4 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	DECORSO, TED	2.2 NAME	
STREET ADDRESS	28488 US 19 N LOT #157	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RADLOFF, IDA	3.2 NAME	
STREET ADDRESS	28488 US HWY 19 N,LOT 32	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	CAMERON, SALLY	4.2 NAME	
STREET ADDRESS	28488 US 19 N. LOT #149	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	MULDOON, EMMETT	5.2 NAME	
STREET ADDRESS	28488 US 19 N. LOT #184	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	VINCENT, RICHARD	6.2 NAME	
STREET ADDRESS	28488 US 19 N. LOT #139	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

GERARD A. GRANGER

SIGNATURE: Gerard A. Granger - Pres. JAN. 16-1995 (813) 796-9125
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

(004503)