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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34621-2523

3. Date Incorporated or Qualified: 05/13/1981
3a. Date of Last Report: 01/26/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	BRIDGEMAN, ORVIL		1.2 NAME	ALFRED STANSFIELD	
STREET ADDRESS	28488 U.S. 19 NORTH, LOT 113		1.3 STREET ADDRESS	28488 U.S.19 North LOT # 099	
CITY-ST-ZIP	CLEARWATER, FL 00000		1.4 CITY-ST-ZIP	CLEARWATER FL 24621	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRANGER, GERARD A		2.2 NAME		
STREET ADDRESS	28488 US 19 N. LOT #83		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREELEY, DORIS		4.2 NAME		
STREET ADDRESS	28488 US 19 N. LOT #140		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	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	☐ DELETE	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		

CR2E037 (9/96)

14. I do 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 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.

SIGNATURE: SIGNATURE REQUIRED GERARD A. GRANGER PRES. 1-22-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0067456