

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90393 006 \*\*\*\*70.00

**DOCUMENT # N00000002299**

1. Entity Name

SILVER OAKS MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

11150 U.S. HIGHWAY 27 SOUTH  
LOT 6  
SEBRING FL 33870-8511

Mailing Address

11150 U.S. HIGHWAY 27 SOUTH  
LOT 6  
SEBRING FL 33870-8511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0997337

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

Zip

33876

Country

USA

Zip

33876

Country

USA

6. Name and Address of Current Registered Agent

SANFORD, OPAL  
11150 US 27 S #42  
SEBRING FL 33876

7. Name and Address of New Registered Agent

Name HEALY, CATHERINE M.  
Street Address (P.O. Box Number is Not Acceptable)  
11150 US HWY 27 SOUTH #65  
City SEBRING FL Zip Code 33876

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Catherine M. Healy*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/04  
DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BACKLUND, HERMAN ☒ Delete  
STREET ADDRESS 11150 U.S. HIGHWAY 27 SOUTH  
CITY-ST-ZIP SEBRING FL 33870-8511

TITLE VD  
NAME MCELHEARN, DP ☒ Delete  
STREET ADDRESS 11150 US HIGHWAY 27 SOUTH  
CITY-ST-ZIP SEBRING FL 33870-8511

TITLE VD  
NAME SEERING, ALICE ☐ Delete  
STREET ADDRESS 11150 U.S. HIGHWAY 27 SOUTH  
CITY-ST-ZIP SEBRING FL 33870-8511

TITLE SD  
NAME BURNS, RALPH ☒ Delete  
STREET ADDRESS 11150 U.S. HIGHWAY 27 SOUTH  
CITY-ST-ZIP SEBRING FL 33870-8511

TITLE TD  
NAME SHERMETA, DAVID ☒ Delete  
STREET ADDRESS 11150 U.S. HIGHWAY 27 SOUTH  
CITY-ST-ZIP SEBRING FL 33870-8511

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME HEALY CATHERINE M.  
STREET ADDRESS 11150 US HWY 27 SOUTH #65  
CITY-ST-ZIP SEBRING FL 33876

TITLE KIN  
NAME KINDELL, ED ☒ Change ☐ Addition  
STREET ADDRESS 11150 US HWY 27 SOUTH #51  
CITY-ST-ZIP SEBRING FL 33876

TITLE ☐ Change ☐ Addition  
NAME SAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SECRETARY ☒ Change ☐ Addition  
NAME LYNCH, BARBARA  
STREET ADDRESS 11150 US HWY 27 SOUTH #58  
CITY-ST-ZIP SEBRING FL 33876

TITLE TREASURER ☒ Change ☐ Addition  
NAME KUHLE, Lillian J.  
STREET ADDRESS 11150 US HWY 27 SOUTH #6  
CITY-ST-ZIP SEBRING FL 33876

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lillian J. Kuehl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04  
Date

863-655 3693  
Daytime Phone #