2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2007 8:00 am DOCUMENT # N00000002299 **Secretary of State** 02-12-2007 90094 041 ****70.00 SILVER OAKS MOBILE HOME OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 11150 U.S. HIGHWAY 27 SOUTH 11150 U.S. HIGHWAY 27 SOUTH SEBRING FL 33876 SEBRING FL 33876 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FELNumber Applied For 65-0997337 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KINDELL, ED 11150 US HWY 27 SOUTH #51 SEBRING FL 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PROSISONY PARY POISSON Delete TITLE TITLE Change KINDÉLL, ED NAME NAME OUS HWY 2750 #19 STREET ADDRESS STREET ADDRESS 11150 ÜS HWY 27 S #51 CHY-ST-ZIP SEBRING FL 33876 CITY-ST-7IP SEBRING FL HILF ☐ Change Addition TITLE NAME SWEGER, RONNIE NAME 11150 US HWY 2750#19 STREET ADDRESS STREET ADDRESS 11150 US HWY 27 S #28 CITY-ST-ZIP SEBLING. CITY-S1-7IP SEBRING FL 33876 шь TITLE NAME NAME LYNCH, BARBARA STREET ADDRESS STREET ADDRESS 11150 US HWY 27 SOUTH #58 CITY-ST-ZIP CITY-ST-ZIE SEBRING FL 33876 ☐ Delete TITLE Addition NAME NAME KUHL, LILLIAN J STREET ADDRESS STREET ADDRESS 11150 US HWY 27 SOUTH #6 CITY-ST-ZIP CITY-ST-7IP SEBRING FL 33876 ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP THILE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

SIGNATURE

FILED

Davtime Phone #