2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000002299

1. Entity Name

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SILVER OAKS MOBILE HOME OWNERS ASSOCIATION, INC.



Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90812 001 *****8.75 04-14-2003 90812 002 ****61.25

FILED

0.2.2.				III	04-14-2003 30012	002 01.23	
Principal Place	e of Business	Mailing Address					
11150 U.S. HIGI	HWAY 27 SOUTH	11150 U.S. HIGHWAY 27 SOUTH	1				
		LOT 3 SEBRING FL 33870-8511					
SEBHING FL 33	8/0-8511	3EBRING FL 33070-0311					
			Selving 2				
Suite, Apt.	#, etc. ? *//	Suite, Apt. #, etc.			CHECK HERE IF MAKIN	IG CHANGES	
City & State				4. FEI Number 6	4. FEI Number 65-0997337		7
Sehren	<u>4 3-1</u>	Zip Zip	Country			Not Applicable \$8.75 Additional	3
∠ip Sansa. T	Country	ررا ۔ " ۔ ا	Country	5. Certificate of S	Status Desired	Fee Required	
33870 - X	- 6. Name and Address of Current F	B870 - 25 // //	llords	7. Name and Ad	dress of New Registere	d Agent].
Name O A A A A							
SPIEGEL	& UTRERA, P.A.	dress (P.O. Box Number is	Not Acceptable)		1		
	eria avenue	1/15	0 U.S. 2750	# 42		4	
CORAL G	ABLES FL 33134		1	Junia 3rd	32276		
		•	City	0	F	L Zip Code	7
8. The above	named entity submits this statement for	the purpose of changing its regi	stered office or	registered agent, or both, in	n the State of Florida. I ar	n familiar with, and accept	1
	ions of registered agent.						
	Day of the		4		1	٠	ļ
SIGNATURE	Signature, typed or printed name of registered agent at	od title if applicable (NOTE: Bec	sistered Agent signatu	re required when reinstating)		-03	ļ
	Signature, typed or printed harrie or registered agent at	TO TEL TON	Jacoba Again agricia	To require with the real way.	1		_
9. Election Campaign				\$5.00 мау Ве	Make Che	ck Payable to	-
FILE NOW: FEE IS \$61.25 Trust Fund Con			•	Added to Fees		artment of State	
							4
10.	OFFICERS AND DIR		11.	ADDITIONS/CHANG	GES TO OFFICERS AND	Change Addition	٦,
	BACKLUND, HERMAN	☐ Delete	TITLE NAME	alice der	ng is		1
	11150 U.S. HIGHWAY 27 SOUTH		STREET ADDRESS	1150 U.S. 2	750, # 1	usedent	1
CITY-ST-ZIP	SEBRING FL 33870-8511		CITY-ST-ZIP	Lelying . 2	4. 33876		ľ
TITLE	VD	☐ Delete	TITLE	50 100		☐ Change ☐ Addition	,] <u>{</u>
NAME	MCELHEARN, DP		NAME	as Phanest	THE V. F	resident	1
STREET ADDRESS	11150 US HIGHWAY 27 SOUTH		STREET ADDRESS	1150 03.27 3	., 7 3 7		ļ
CITY-ST-ZIP	SEBRING FL 33870-8511	<u> </u>	-CITY-ST-ZIP: ﴿ حَا	Selving,	11-33876		4
TĮTLE	ALIOE	☐ Delete	TITLE	Opol Sanf	och	☐ Change ☐ Addition	'\
	SEERING, ALICE		NAME STREET ADDRESS	1	2 e ## 117_	Secretary	ļ
CITY-ST-ZIP	11150 U.S. HIGHWAY 27 SOUTH SEBRING FL 33870-8511		CITY-ST-ZIP	Selving	100 F 72	•	ļ
TITLE	SD SD	□ Delete	TITLE	Ida alisto	-W. J 3 / / /	☐ Change ☐ Addition	1
	BURNS, RALPH	C Sciole	NAME	Vola Wiston	ν 	- , -	
STREET ADDRESS	11150 U.S. HIGHWAY 27 SOUTH		STREET ADDRESS	11150 0,5.27	So.#6 L	reasurer	
CITY-ST-ZIP	SEBRING FL 33870-8511		CITY-ST-ZIP	11150 U.S. 27 Selving,	Del. 33876		
TITLE	TD	☐ Delete	TITLE	()		Change Addition	1
NAME	SHERMETA, DAVID		NAME	•			
	11150 U.S. HIGHWAY 27 SOUTH		STREET ADDRESS				

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: CEGNATURE: BECHERED SERVING

SEBRING FL 33870-8511

1-7-03

863-653-9607

Change

☐ Addition

R2E037 (10/02)