

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007899

**FILED**  
**Aug 02, 2004**  
**Secretary of State**

**Entity Name:** ENCLAVE AT SILVER OAK NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

8865 ENCLAVE COURT  
SARASOTA, FL 34238

**New Principal Place of Business:**

8864 ENCLAVE COURT  
SARASOTA, FL 34238

**Current Mailing Address:**

8865 ENCLAVE COURT  
SARASOTA, FL 34238

**New Mailing Address:**

8864 ENCLAVE COURT  
SARASOTA, FL 34238

FEI Number: 65-1051100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REES, STEPHEN D ESQUIRE  
2033 MAIN STREET  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: PERLEY, LYALL J JR  
Address: 8865 ENCLAVE COURT  
City-St-Zip: SARASOTA, FL 34238

Title: DV ( ) Delete  
Name: PHILLIPS, ROD E JR  
Address: 535 BEACH ROAD  
City-St-Zip: SARASOTA, FL 34242

Title: DS ( ) Delete  
Name: PHILLIPS, CHRISTY P  
Address: 535 BEACH ROAD  
City-St-Zip: SARASOTA, FL 34242

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYALL J PERLEY

DPT

08/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date