

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91354 040 ****61.25

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1. Entity Name

SILVER OAK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business
7093 SOUTH TAMiami TRAIL
SARASOTA FL 34231

Mailing Address
7093 SOUTH TAMiami TRAIL
SARASOTA FL 34231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0919732

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, GARY A
7093 SOUTH TAMiami TRAIL
SARASOTA FL 34231

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ROBERTS, GARY A
STREET ADDRESS 7093 SOUTH TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME CANNON, JOHN
STREET ADDRESS 7077 SOUTH TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME JOHNSTON, TODD
STREET ADDRESS 3859 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME JOHNSTON, KAREN
STREET ADDRESS 3859 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34233

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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: X

[Handwritten Signature]

Gary A. Roberts

2-26-2001

941 921-2480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)