


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

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000006784</b>					
1. Entity Name <b>SILVER OAK NEIGHBORHOOD ASSOCIATION, INC.</b>					
Principal Place of Business <b>7093 SOUTH TAMiami TRAIL SARASOTA FL 34231</b>			Mailing Address <b>7093 SOUTH TAMiami TRAIL SARASOTA FL 34231</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>65-0919732</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROBERTS, GARY A 7093 SOUTH TAMiami TRAIL SARASOTA FL 34231</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>ROBERTS, GARY A</b> <b>7093 SOUTH TAMiami TRAIL</b> <b>SARASOTA FL 34231</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>CANNON, JOHN</b> <b>7077 SOUTH TAMiami TRAIL</b> <b>SARASOTA FL 34231</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>JOHNSTON, TODD</b> <b>3859 BEE RIDGE ROAD</b> <b>SARASOTA FL 34233</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>JOHNSTON, KAREN</b> <b>3859 BEE RIDGE ROAD</b> <b>SARASOTA FL 34233</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition



MOORE CR2E037 (11/03)

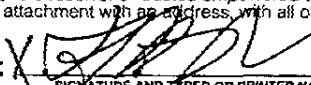
4. FEI Number **65-0919732** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

U00000049975  
02/13/04-80044-023 61.25

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:**  **GARY A. ROBERTS** 2-11-2004 941 921-2480