

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006784

**FILED**  
**Mar 19, 2018**  
**Secretary of State**  
**CC5706562449**

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

**Current Principal Place of Business:**

LIGHTHOUSE PROPERTY MGMT  
16 CHURCH STREET  
OSPREY, FL 34229

**Current Mailing Address:**

LIGHTHOUSE PROPERTY MGMT  
16 CHURCH STREET  
OSPREY, FL 34229

**FEI Number:** 65-0919732

**Certificate of Status Desired:** No

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

HOCKENBERRY, JOHN  
16 CHURCH STREET  
OSPREY, FL 34229 US

*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:** JOHN HOCKENBERRY

03/19/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name LOUIS, RICHARD  
Address LIGHTHOUSE PROPERTY MGMT  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title VP  
Name NEWCOMBE, MARK  
Address LIGHTHOUSE PROPERTY MGMT  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title PRESIDENT  
Name HOCKENBERRY, JOHN  
Address LIGHTHOUSE PROPERTY MGMT  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title TREASURER  
Name WILSON, LEN  
Address LIGHTHOUSE PROPERTY MGMT  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title DIRECTOR  
Name AFERIAT, STUART  
Address LIGHTHOUSE PROPERTY MGMT  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title DIRECTOR  
Name LITTLEWOOD, MELISSA  
Address LIGHTHOUSE PROPERTY MGMT  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title DIRECTOR  
Name SPEED, DAVID  
Address LIGHTHOUSE PROPERTY MGMT  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN HOCKENBERRY

PRESIDENT

03/19/2018

Electronic Signature of Signing Officer/Director Detail

Date