

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006784

**FILED**  
**Mar 30, 2015**  
**Secretary of State**  
**CC2737459635**

**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:**

PARNES, ALEX  
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:** ALEXPARNES

03/30/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PARNES, ALEX  
Address 16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title S  
Name ACHESON, MURRAY  
Address 16 CHURCH STREET  
City-State-Zip: OPSREY FL 34229

Title DIRECTOR  
Name LOUIS, RICHARD  
Address 16 CHURCH STREET  
City-State-Zip: SARASOTA FL 34229

Title DIRECTOR  
Name NEWCOMBE, MARK  
Address 16 CHURCH STREET  
City-State-Zip: OPSREY FL 34229

Title DIRECTOR  
Name NERI, RONALD  
Address 16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title VP  
Name HOCKINBERRY, JOHN  
Address 16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title TREASURER  
Name BISHOP, LEN  
Address 16 CHURCH STREET  
City-State-Zip: OPSREY 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:** ALEX PARNES

**PRESIDENT**

03/30/2015

Electronic Signature of Signing Officer/Director Detail

Date