FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:29

DOCUMENT # **747178** **(2)**

1. Corporation Name

SILVER OAKS TENANTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3020 S.W. 61 AVENUE FORT LAUDERDALE FL 33314	3020 S.W. 61 AVENUE FORT LAUDERDALE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1979
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2448878 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

~~ERDOSI, SHARON~~
~~3217 S.W. 62 AVENUE~~
~~FT LAUDERDALE FL 33314~~

10. Name and Address of New Registered Agent

81 Name: SUSAN WARSHAWSKY
82 Street Address (P.O. Box Number is Not Acceptable): 3170 S.W. 61 TERRACE
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33314

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Susan Warshawsky 4/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT D ☒ Change ☐ Addition
NAME	ERDOS, SHARON	1.2 NAME	SUSAN WARSHAWSKY
STREET ADDRESS	3217 S.W. 62 AVENUE	1.3 STREET ADDRESS	3170 S.W. 61 TERRACE
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33314
TITLE	VPD	2.1 TITLE	VPD ☐ Change ☐ Addition
NAME	O'BRIEN, STEVE	2.2 NAME	O'BRIEN, STEVE
STREET ADDRESS	3563 S.W. 62 AVENUE	2.3 STREET ADDRESS	3563 SW 62 AVENUE
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33314
TITLE	TD	3.1 TITLE	TREASURER D ☒ Change ☐ Addition
NAME	SCHULTZ, SAM	3.2 NAME	TERESA FEIGHTNER
STREET ADDRESS	3323 S.W. 59 AVENUE	3.3 STREET ADDRESS	6142 S.W. 34 ST.
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33314
TITLE	D	4.1 TITLE	SECRETARY D ☒ Change ☐ Addition
NAME	WARSHAWSKY, SUSAN	4.2 NAME	ANDREA M. DEFRANK
STREET ADDRESS	3170 S.W. 61 TERRACE	4.3 STREET ADDRESS	5700 SW 32 STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	4.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33314
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

RECEIVED BY MAY 1.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Warshawsky 4/17/95 (305) 792-3902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048431