


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747178** (2)
1. Corporation Name
SILVER OAKS TENANTS ASSOCIATION, INC.

Principal Place of Business 3020 S.W. 61 AVENUE DAVIE FL 33314	Mailing Address 3020 S.W. 61 AVENUE DAVIE FL 33314
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3. Date Incorporated or Qualified 05/15/1979	
4. FEI Number 59-1908403	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**STONE, BRETT
6038 SW 38 ST.
DAVIE FL 33314**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	RICHARDSON, RAVEN
STREET ADDRESS	5980 SW 29TH COURT
CITY-ST-ZIP	DAVIE FL 33314
TITLE	VD <input type="checkbox"/> DELETE
NAME	STONE, BRETT
STREET ADDRESS	6038 SW 36TH STREET
CITY-ST-ZIP	DAVIE FL 33314
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	SETTERGREN, DOREEN
STREET ADDRESS	6101 SW 36 ST.OURT
CITY-ST-ZIP	DAVIE FL 33314
TITLE	TD <input type="checkbox"/> DELETE
NAME	NOLAN, LARRY
STREET ADDRESS	3920 SW 29 CT.
CITY-ST-ZIP	DAVIE FL 33314
TITLE	SAA <input checked="" type="checkbox"/> DELETE
NAME	QUINONES, MARIA
STREET ADDRESS	6100 SW 34 ST.
CITY-ST-ZIP	DAVIE FL 33314
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Esther Nolan
3.4 CITY-ST-ZIP	5920 SW 29th Ct
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	DAVIE, FL 33314
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: _____ 5/16/98 (1998) 587-9117

CR2E037 (10/97)