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**Jun 16, 1999 8:00 am**  
**Secretary of State**

06-16-1999 90018 044 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 747178**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

05/15/1979

4. FEI Number

59-1908403

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

9. Name and Address of Current Registered Agent

STONE, BRETT  
6038 SW 36 ST.  
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name **RAVEN RICHARDSON**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **5980 SW 29th CT**

84 City **DAVIE**

FL

85 Zip Code  
**33314**

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 **Raven Richardson**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5/13/99**  
Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **RICHARDSON, RAVEN**  
STREET ADDRESS **5980 SW 29TH COURT**  
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **VD** ☐ DELETE  
NAME **STONE, BRETT**  
STREET ADDRESS **6038 SW 36TH STREET**  
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **S** ☐ DELETE  
NAME **NOLAN, ESTHER**  
STREET ADDRESS **5920 SW 29TH CT**  
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **TD** ☐ DELETE  
NAME **NOLAN, LARRY**  
STREET ADDRESS **5920 SW 29 CT.**  
CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **Raven Richardson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/13/99**  
Date

Daytime Phone #

CR2E037 (1/98)