2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State
01-23-2006 90054 025 ****61.25

DOCUMENT # 755547

1. Entity Name
SILK OAK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2400 36TH AVE. W. BRADENTON, FL 34205 US	4301 32ND ST. W. SUITE A-19 BRADENTON, FL 34205

01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2221416
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C & S CONDOMINIUM MANAGEMENT SERVICE
4301 32ND ST. W.,STE.A-19
BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ANTHONY, LISA
STREET ADDRESS	3907 ROYAL PALM DR.
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	DST
NAME	STOCKTON, DENNIS
STREET ADDRESS	2806 21ST AVE. W
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	D
NAME	STOCKTON, SHAUN
STREET ADDRESS	2454 36TH NW
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #