

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90020 003 ****61.50

DOCUMENT # 758328

1. Entity Name
**SILK OAK LODGE MOBILE HOME OWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**28488 U.S. HIGHWAY 19 NORTH
CLEARWATER, FL 33761 US**

Mailing Address
**28488 U.S. HIGHWAY 19 NORTH
LOT #63
CLEARWATER, FL 33761 US**

40039348



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2093845

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELANEY, MICHELINE
28488 US HWY 19 NORTH #90
CLEARWATER, FL 33761**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME MCALLISTER, RITA
STREET ADDRESS 28488 US HWY #19N LOT 41
CITY-ST-ZIP CLEARWATER, FL 33761

T ☐ Change ☒ Addition
NAME **Colbert, GARY**
STREET ADDRESS **28488 US 19N #69**
CITY-ST-ZIP **CLWTR, FL 33761**

TITLE D ☒ Delete
NAME DICKEY, JOHN
STREET ADDRESS 28488 US HWY #19N LOT 27
CITY-ST-ZIP CLEARWATER, FL 33761

P ☐ Change ☒ Addition
NAME **PIERCE, BOB**
STREET ADDRESS **28488 US 19N #67**
CITY-ST-ZIP **CLWTR, FL 33761**

TITLE D ☒ Delete
NAME MYERS, ROGER
STREET ADDRESS 28488 US HWY #19N LOT 171
CITY-ST-ZIP CLEARWATER, FL 33761

D ☐ Change ☒ Addition
NAME **Hufnagle Bill**
STREET ADDRESS **28488 US 19N #127**
CITY-ST-ZIP **CLWTR, FL 33761**

TITLE V ☐ Delete
NAME LONG, JAMES
STREET ADDRESS 28488 US HWY #19N LOT 154
CITY-ST-ZIP CLEARWATER, FL 33761

S ☐ Change ☒ Addition
NAME **Hatfield Joyce**
STREET ADDRESS **28488 US 19N #5**
CITY-ST-ZIP **CLWATER, FL 33761**

TITLE S ☒ Delete
NAME GRAY, DENISE
STREET ADDRESS 28488 US HWY #19 N LOT 155
CITY-ST-ZIP CLEARWATER, FL 33761

B ☐ Change ☒ Addition
NAME **De Mattos, Jacques**
STREET ADDRESS **28488 US Hwy 19N #148**
CITY-ST-ZIP **Clearwater, FL 33761**

TITLE P ☐ Delete
NAME DELANEY, MICHELINE
STREET ADDRESS 28488 US HWY #19N LOT 90
CITY-ST-ZIP CLEARWATER, FL 33761

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/07 757-796-0475