


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90138 029 ****70.00

DOCUMENT # N00000002299		
1. Entity Name SILVER OAKS MOBILE HOME OWNERS ASSOCIATION, INC.		

Principal Place of Business 11150 U.S. HIGHWAY 27 SOUTH LOT 6 SEBRING FL 33876 US	Mailing Address 11150 U.S. HIGHWAY 27 SOUTH LOT 6 SEBRING FL 33876 US
---	---

2. Principal Place of Business <i>SAME</i>	3. Mailing Address <i>SAME</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0997337	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NEALY, CATHERINE M 1150 US HWY 27 SOUTH #65 SEBRING FL 33876	7. Name and Address of New Registered Agent Name KINDELL, ED Street Address (P.O. Box Number is Not Acceptable) 11150 US HWY 27 SOUTH #51 City SEBRING FL Zip Code 33876
--	---

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 *Ed Kindell* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P HEALY, CATHERINE M 11150 US HWY 27 SOUTH #65 SEBRING FL 33876 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINDELL, ED 11150 US HWY 27 SOUTH #51 SEBRING FL 33876 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KINDELL, ED 11150 US HWY 27 SOUTH #51 SEBRING FL 33876 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWEBER, RONNIE 11150 US HWY 27 SOUTH #28 SEBRING FL 33876 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEERING, ALICE 11150 U.S. HIGHWAY 27 SOUTH SEBRING FL 33870-8511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNCH, BARBARA 11150 US HWY 27 SOUTH #58 SEBRING FL 33876 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KUHL, LILLIAN J 11150 US HWY 27 SOUTH #6 SEBRING FL 33876 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Lillian J Kuhl* 4-7-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #