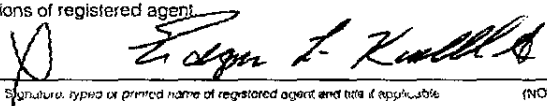


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0997337	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KINDELL, ED 11150 US HWY 27 SOUTH #51 SEBRING FL 33876				7. Name and Address of New Registered Agent	
				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 agree to the obligations of registered agent.					
SIGNATURE 		ED KENDALL 2/2/06			
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	P	☐ Delete	TITLE	☐ Change	☐ Add
NAME	KINDELL, ED		NAME	Same	
STREET ADDRESS	11150 US HWY 27 S #51		STREET ADDRESS	Same	
CITY- ST- ZIP	SEBRING FL 33876		CITY- ST- ZIP	Same	
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Add
NAME	SWEGER, RONNIE		NAME	Same	
STREET ADDRESS	11150 US HWY 27 S #28		STREET ADDRESS	Same	
CITY- ST- ZIP	SEBRING FL 33876		CITY- ST- ZIP	Same	
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Add
NAME	LYNCH, BARBARA		NAME	Same	
STREET ADDRESS	11150 US HWY 27 SOUTH #5B		STREET ADDRESS	Same	
CITY- ST- ZIP	SEBRING FL 33876		CITY- ST- ZIP	Same	
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Add
NAME	KUHL, LILLIAN J		NAME	Same	
STREET ADDRESS	11150 US HWY 27 SOUTH #6		STREET ADDRESS	Same	
CITY- ST- ZIP	SEBRING FL 33876		CITY- ST- ZIP	Same	
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.