2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N00000002299

Entity Name: SILVER OAKS MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

304 YELLOW WILLOW ST
SEBRING, FL 33876 US

New Principal Place of Business:

Current Mailing Address:

304 YELLOW WILLOW ST
SEBRING, FL 33876 US

New Mailing Address:

FEI Number: 65-0997337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORIARITY, GERALD
304 YELLOW WILLOW ST
SEBRING, FL 33876 US

Name and Address of New Registered Agent:

MORIARITY, GERALD
339 YELLOW WILLOW ST
SEBRING, FL 33876 US

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.

SIGNATURE: GERALD MORIARITY 01/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MORIARITY, GERALD
Address: 339 YELLOW WILLOW ST
City-St-Zip: SEBRING, FL 33876

Title: VP ( ) Delete
Name: HEALY, CATHY
Address: 206 WHITE POPLAR ST
City-St-Zip: SEBRING, FL 33876

Title: S ( ) Delete
Name: BURNS, RALPH
Address: 406 DAY LILY ST
City-St-Zip: SEBRING, FL 33876

Title: T ( ) Delete
Name: KUHL, LILLAN
Address: 304 YELLOW WILLOW ST
City-St-Zip: POMPANO BEACH, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN J KUHL T 01/06/2009
Electronic Signature of Signing Officer or Director Date