

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90120 014 \*\*\*\*61.25

**DOCUMENT # N00000008369**

1. Entity Name  
**SILVER OAKS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**18530 PEBBLE LAKE CT 18530 PEBBLE LAKE CT**  
**TAMPA FL 33647 TAMPA FL 33647**

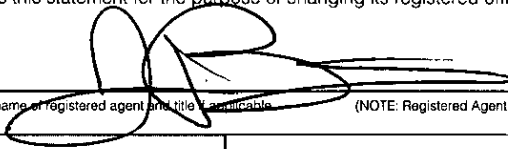
2. Principal Place of Business 3. Mailing Address  
**324 Plant Ave 324 Plant Ave**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Tampa fl Tampa fl**  
 Zip Country Zip Country  
**33606 33606**

DO NOT WRITE IN THIS SPACE  
**59-3727150**  
 4. FEI Number **593727150** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BRANT, JAMES E**  
**18530 PEBBLE LAKE CT**  
**TAMPA FL 33647**

7. Name and Address of New Registered Agent  
 Name **Brant James E**  
 Street Address (P.O. Box Number is Not Acceptable) **324 Plant Ave**  
 City **Tampa** FL Zip Code **33606**

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.  
 SIGNATURE  DATE **1/14/02**  
Signature, typed or printed name of registered agent and title acceptable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST</b> <b>BRANT, JAMES E</b> <b>18530 PEBBLE LAKE CT</b> <b>TAMPA FL 33647</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Brant James</b> <b>324 Plant Ave</b> <b>Tampa fl 33606</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRANT, WILLIAM J JR</b> <b>1947 WOODLAWN AVE</b> <b>GRIFFITH FL 46319</b> <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	<b>D</b> <b>BOSSO, THOMAS</b> <b>17709 SHANNON OAKS CT</b> <b>TAMPA FL 33647</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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
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:  **SIGNATURE REQUIRED** DATE **1/01/02** 8132544483  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)