


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90014 050 \*\*\*\*70.00

<b>DOCUMENT # N00000008369</b>			
1. Entity Name SILVER OAKS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 324 PLANT AVE TAMPA FL 33606		Mailing Address 16105 N. FLORIDA, STE A LUTZ FL 33549	
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 59-3727150		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

34018401



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  BRANT, JAMES E 324 PLANT AVE TAMPA FL 33606		7. Name and Address of New Registered Agent Name: JOHN YODZIS Street Address (P.O. Box Number is Not Acceptable): 7804 TERRACE OAKS CT City: TEMPLE TERRACE FL Zip Code: 33617	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 '04	
TITLE: <del>PD</del>	YODZIS, JOHN <input type="checkbox"/> Delete	TITLE: P, S, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7804 TERRACE OAKS COURT	CITY-ST-ZIP: TEMPLE TERRACE FL 33617	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <del>GD</del>	GONZALEZ, RICO <input type="checkbox"/> Delete	TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 10006 GILLETTE AVE.	CITY-ST-ZIP: TEMPLE TERRACE FL 33617	STREET ADDRESS: 7809 TERRACE OAKS CT.	CITY-ST-ZIP: TEMPLE TERRACE, FL 33617
TITLE: <del>TD</del>	BOSSO, THOMAS <input type="checkbox"/> Delete	TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 17700 SHANNON OAKS CT	CITY-ST-ZIP: TAMPA FL 33647	STREET ADDRESS: 7807 TERRACE OAKS CT.	CITY-ST-ZIP: TEMPLE TERRACE, FL 33617
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> Delete	TITLE:	<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:  JOHN YODZIS 3/10/04 (813) 626-5195 x304