

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90052 038 \*\*\*\*70.00



**DOCUMENT # N00000008369**  
 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  
 Suite: Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite: Apt. #, etc.  
 City & State  
 Zip Country

03042005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3727150**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**YODZIS, JOHN  
 7804 TERRACE OAKS CT.  
 TAMPA, FL 33617**

7. Name and Address of New Registered Agent  
 Name **JAMES CLARK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7807 TERRACE OAKS CT**  
 City **TEMPLE TERRACE** FL Zip Code **33617**

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 James R. Clark DATE **3-17-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

10. Filing Fee is **\$61.25** Due by **May 1, 2005**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>YODZIS, JOHN</b> <b>7804 TERRACE OAKS COURT</b> <b>TEMPLE TERRACE, FL 33617</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GONZALEZ, RICO</b> <b>7809 TERRACE OAKS CT.</b> <b>TEMPLE TERRACE, FL 33617</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARK, JAMES</b> <b>7807 TERRACE OAKS CT.</b> <b>TAMPA, FL 33617</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16105 N. FLORIDA #A</b> <b>LUTZ, FL 33549</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16105 N. FLORIDA #A</b> <b>LUTZ, FL 33549</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16105 N. FLORIDA #A</b> <b>LUTZ, FL 33549</b>
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"/> Change <input type="checkbox"/> Addition
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: James R. Clark **JAMES R CLARK PRESIDENT** **3-17-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #