
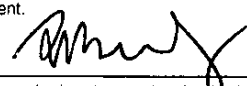
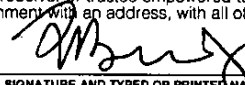


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90007 012 \*\*\*\*61.25

<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 7803-TERRACE OAKS Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State TEMPLE TERRACE FL		City & State	
Zip 33617	Country US	Zip	Country
6. Name and Address of Current Registered Agent CLARK, JAMES 7807 TERRACE OAKS CT. TAMPA, FL 33617		7. Name and Address of New Registered Agent Name: Peter Bridge Street Address (P.O. Box Number is Not Acceptable): 7803 Terrace Oaks 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:  Peter Bridge DATE: 2/5/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: PSTD NAME: YODZIS, JOHN STREET ADDRESS: 16105 N FLORIDA #A CITY-ST-ZIP: LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GONZALEZ, RICO STREET ADDRESS: 16105 N FLORIDA #A CITY-ST-ZIP: LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CLARK, JAMES STREET ADDRESS: 16105 N FLORIDA #A CITY-ST-ZIP: LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete <i>retain</i>	TITLE: PD NAME: PETER BRIDGE STREET ADDRESS: 16105 N. FLORIDA #A CITY-ST-ZIP: LUTZ, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: D NAME: TOM BOSSO STREET ADDRESS: 16105 N. FLORIDA #A CITY-ST-ZIP: LUTZ, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: Charles Sardino STREET ADDRESS: 16105 N. Florida #A LUTZ, FL 33549	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Peter Bridge		Date: 2/5/06 813 684-2506	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	