


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90036 010 ****61.25

DOCUMENT # N00000008369						
1. Entity Name SILVER OAKS HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business 7803 TERRACE OAKS TAMPA, FL 33617			Mailing Address 16105 N. FLORIDA, STE A LUTZ, FL 33549			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		01222008 Chg-NP CR2E037 (12/06)		
Zip		Country		4. FEI Number 59-3727150		
				Applied For Not Applicable		
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
BRIDGE, PETER 7807 TERRACE OAKS CT. TAMPA, FL 33617			Name <i>Mezer, Steven</i>			
			Street Address (P.O. Box Number is Not Acceptable) <i>1801 N. Highland Ave</i>			
			City <i>Tampa</i>		FL	Zip Code <i>33602</i>
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 _____ DATE _____ <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, 2008		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SARDINA, KATHLEEN	NAME				
STREET ADDRESS	16105 N FLORIDA #A	STREET ADDRESS				
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FODENS, LEIGH	NAME				
STREET ADDRESS	16105 FLORIDA #A	STREET ADDRESS				
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP				
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CLARK, JAMES	NAME				
STREET ADDRESS	16105 N FLORIDA #A	STREET ADDRESS				
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BRIDGE, PETER	NAME				
STREET ADDRESS	16105 N- FLORIDA #A	STREET ADDRESS				
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
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: <i>Kathleen Sardina</i>			Date: <i>4/8/08</i> Daytime Phone #: <i>813 968 5665</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>			