

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008369

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: SILVER OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7803 TERRACE OAKS  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

16105 N. FLORIDA, STE A  
LUTZ, FL 33549

**New Mailing Address:**

FEI Number: 59-3727150      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEZER, STEVEN  
1801 N HIGHLAND AVE  
TAMPA, FL 33602    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SARDINA, KATHLEEN  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: FODENS, LEIGH  
Address: 16105 FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: BRIDGE, PETER  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: SARDINA, KATHLEEN  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: PD (X) Change ( ) Addition  
Name: TAPPE, LEIGH  
Address: 16105 FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: SD (X) Change ( ) Addition  
Name: BRIDGE, PETER  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEIGH TAPPE

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date