

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91273 037 ****70.00

0049655

DOCUMENT # N00000008369

1. Entity Name

SILVER OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**324 PLANT AVE
TAMPA FL 33606**

Mailing Address

**324 PLANT AVE
TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

16105 N. FLORIDA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

City & State

City & State

LUTZ FL

Zip

Country

Zip

Country

33549

USA

4. FEI Number **59-3727150**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES

11021564



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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 10

TITLE	DPST	<input checked="" type="checkbox"/> Delete
NAME	BRANT, JAMES E	
STREET ADDRESS	324 PLANT AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRANT, WILLIAM J JR	
STREET ADDRESS	1947 WOODLAWN AVE	
CITY-ST-ZIP	GRIFFITH FL 48319	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSSO, THOMAS	
STREET ADDRESS	17709 SHANNON OAKS CT	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN YODZIS	
STREET ADDRESS	7804 TERRACE OAKS COURT	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICO GONZALEZ	
STREET ADDRESS	10906 GILLETTE AVE	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
JOHN J. YODZIS 4/10/03

CR2E037 (10/02)