


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State


09-06-2005 90139 006 ****70.00

DOCUMENT # N01000007460		
1. Entity Name SILVER OAKS PHASE II OWNERS ASSOCIATION, INC.		

Principal Place of Business P.O. BOX 2177 CRESTVIEW, FL 32536	Mailing Address P.O. BOX 5497 DESTIN, FL 32540
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2. Principal Place of Business		3. Mailing Address P.O. Box 2177	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Crestview, Florida	
Zip	Country	Zip 32536	Country

50065231



07062005 Chg-NP CR2E037 (10/03)

4. FEI Number 01-0624200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
LUNDY AND BOWERS, CPA, P.A. 1584 S. PEARL ST. CRESTVIEW, FL 32539	

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 _____
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Filing Fee is \$61.25 Due by September 7, 2005	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	President						
	Billy Hassell						
	267 1/2 Paddock Cr						
	Crestview FL 32536						
	Vice-President						
	Mike Taylor						
	6005 Appaloosa						
	Crestview FL 32536						
	Secretary						
	Janel Crabtree						
	2223 Arabian Ct						
	Crestview FL 32536						
	Treasurer						
	LaVerne Wichman						
	6401 Havenmist Ln						
	Crestview FL 32536						

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: <u>LaVerne M. Wichman</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>07/30/05</u>	Daytime Phone # <u>850-689-2190</u>
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