

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007460

FILED
May 01, 2008
Secretary of State

Entity Name: SILVER OAKS PHASE II OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6305 HAVENMIST LANE
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2177
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 01-0624200 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCDUFFIE, MICHAEL S
919 WEST JAMES LEE BLVD
CRESTVIEW, FL 32536 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: P () Delete
Name: WALLACE, GEORGE
Address: 6305 HAVENMIST LANE
City-St-Zip: CRESTVIEW, FL 32536

Title: VP () Delete
Name: WICHMAN, PAUL
Address: 6401 HAVENMIST LANE
City-St-Zip: CRESTVIEW, FL 32536

Title: T () Delete
Name: WICHMAN, LAVERNE
Address: 6401 HAVENMIST LN
City-St-Zip: CRESTVIEW, FL 32536

Title: S () Delete
Name: BROWN, PAT
Address: 2628 PADDOCK CIRCLE
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAVERNE WICHMAN

TREA

05/01/2008

Electronic Signature of Signing Officer or Director

Date