

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007460

**FILED**  
**Jan 18, 2010**  
**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 ( )**

**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  
Name: WALLACE, GEORGE  
Address: 6305 HAVENMIST LANE  
City-St-Zip: CRESTVIEW, FL 32536

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

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

Title: S  
Name: WILKES, DIANNE  
Address: 2715 ARABIAN COURT  
City-St-Zip: CRESTVIEW, FL 32536

I hereby 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 all other like empowered.

SIGNATURE: LAVERNE WISCHMAN

T

01/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date