

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90107 017 ****61.25

DOCUMENT # N02000000590

1. Entity Name
SILVER CITY OAKS INC.



Principal Place of Business
**POST OFFICE BOX 676
FORT MCCOY, FL 32134-0676**

Mailing Address
**POST OFFICE BOX 676
FORT MCCOY, FL 32134-0676**

50010934



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**IRVIN, CAROLYN
1086 NE 151ST LANE
FORT MC COY, FL 32134**

7. Name and Address of New Registered Agent

Name **HERR, JOHN**

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

10510 NE 153rd Street

City **FORT MCCOY**

FL Zip Code **32134**

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 **JOHN HERR**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE **PD** ☒ Delete
NAME **IRVIN, CAROLYN**
STREET ADDRESS **10626 NE 151ST LANE**
CITY-ST-ZIP **FORT MC COY, FL 32134**

TITLE **VD** ☒ Delete
NAME **HERR, JOHN**
STREET ADDRESS **10510 NE 153RD ST**
CITY-ST-ZIP **FORT MC COY, FL 32134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **JOHN HERR**
STREET ADDRESS **10510 NE 153 ST.**
CITY-ST-ZIP **FORT MCCOY FL 32134**

TITLE **V** ☐ Change ☒ Addition
NAME **LARRY GROSS**
STREET ADDRESS **10625 NE 153 ST**
CITY-ST-ZIP **FORT MCCOY, FL 32134**

TITLE **T** ☐ Change ☒ Addition
NAME **APRIL ROUNTREE**
STREET ADDRESS **PO BOX 354**
CITY-ST-ZIP **FORT MCCOY FL 32134**

TITLE **S** ☐ Change ☒ Addition
NAME **Sabrina McFarlane**
STREET ADDRESS **10606 NE 151 LN**
CITY-ST-ZIP **FORT MCCOY, FL 32134**

TITLE **VE** ☐ Change ☒ Addition
NAME **PHILIP LEBRON**
STREET ADDRESS **PO BOX 93**
CITY-ST-ZIP **FORT MCCOY, FL 32134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

APRIL ROUNTREE

APRIL ROUNTREE

4/6/06

(352) 732-7101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #