

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003700

1. Entity Name  
SILVER OAKS VILLAGE PROPERTY OWNERS'  
ASSOCIATION, INC.



Principal Place of Business

125 NW FIRST AVENUE  
SUITE 1  
OCALA, FL 34470

Mailing Address

125 NW FIRST AVENUE  
SUITE 1  
OCALA, FL 34470

*Signature*

**FILED**  
05 APR 18 AM 7:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
20-0790373

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HAINES, TIM D  
125 NW FIRST AVENUE  
SUITE 1  
OCALA, FL 34470

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May be added to fees **800054234238**  
Added to Fees 05/10/05--01094--013 \*\*70.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CURTIS, JOHN M  
STREET ADDRESS 11635 NE 1ST AVENUE  
CITY - ST - ZIP GAINESVILLE, FL 32607

TITLE D  
NAME JENINKS, WHITFIELD  
STREET ADDRESS 2200 N.W. 24TH ROAD  
CITY - ST - ZIP OCALA, FL 34475

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Curtis

President/Director

04/14/05 352-332-0838

Date

Daytime Phone #