


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25434 (4)
1. Corporation Name
SILVER OAKS COMMUNITY ASSOCIATION, INC.



Principal Place of Business N/A	Mailing Address P.O. BOX 1168 ZEPHYRHILLS FL 33539
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3. Date Incorporated or Qualified
03/16/1988

4. FEI Number 59-2922581	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MURPHY, DAVID J ESO
14217 THIRD STREET
DADE CITY FL 33525**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EPPERS, BOB		1.2 NAME Irene Arnot	
STREET ADDRESS 6545 NORTH LAKE DRIVE		1.3 STREET ADDRESS 6302 Huntington Drive	
CITY-ST-ZIP ZEPHYRHILLS FL 33541		1.4 CITY-ST-ZIP Zephyrhills, FL 33541	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BLAND, BOB		2.2 NAME Charles Mackin	
STREET ADDRESS 37132 FOXRUN PLACE		2.3 STREET ADDRESS 6650 Northlake Drive	
CITY-ST-ZIP ZEPHYRHILLS FL 33541		2.4 CITY-ST-ZIP Zephyrhills, FL 33541	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TALI, LOIS		3.2 NAME Robert Doughty	
STREET ADDRESS 6518 BRENTWOOD DRIVE		3.3 STREET ADDRESS 6108 Silver Oaks Drive	
CITY-ST-ZIP ZEPHYRHILLS FL 33541		3.4 CITY-ST-ZIP Zephyrhills, FL 33541	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RATZ, MEL		4.2 NAME Ratz, Mel	
STREET ADDRESS 6517 NORTHLAKE DRIVE		4.3 STREET ADDRESS 6517 Northlake Drive	
CITY-ST-ZIP ZEPHYRHILLS FL 33541		4.4 CITY-ST-ZIP Zephyrhills, FL 33541	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VARGA, JOHN		5.2 NAME Richard Macomb	
STREET ADDRESS 6132 SILVER OAKS DRIVE		5.3 STREET ADDRESS 6405 Laurelwood Drive	
CITY-ST-ZIP ZEPHYRHILLS FL 33541		5.4 CITY-ST-ZIP Zephyrhills, FL 33541	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COLLINS, JEFF		6.2 NAME Sandra Larsen	
STREET ADDRESS 6330 HUNTINGTON DRIVE		6.3 STREET ADDRESS 6505 Huntington Drive	
CITY-ST-ZIP ZEPHYRHILLS FL 33541		6.4 CITY-ST-ZIP Zephyrhills, FL 33541	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *x Robert E. Eppers* *x 3/11/98*

CR2E037 (10/97)