


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90081 040 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N25434</b> 1. Corporation Name <b>SILVER OAKS COMMUNITY ASSOCIATION, INC.</b>		
Principal Place of Business N/A N/A FL	Mailing Address P.O. BOX 1168 ZEPHYRHILLS FL 33539	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/16/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2922581
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MURPHY, DAVID J ESQ 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	
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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 *Melvin E. Ratz* DATE March 11, 1999

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	T	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOT, IRENE	1.2 NAME	Melvin Ratz
STREET ADDRESS	6302 HUNTINGTON DR	1.3 STREET ADDRESS	6517 Northlake Drive
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	1.4 CITY-ST-ZIP	Zephyrhills, FL 33541
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKIN, CHARLES 6650 N	2.2 NAME	Donald Whitlock
STREET ADDRESS	37132 FOXRUN PLACE	2.3 STREET ADDRESS	6541 Brentwood Drive
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	2.4 CITY-ST-ZIP	Zephyrhills, FL 33541
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGHTY, ROBERT	3.2 NAME	Sandra Larsen
STREET ADDRESS	6108 SILVER OAK DR	3.3 STREET ADDRESS	6505 Huntington Drive
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	3.4 CITY-ST-ZIP	Zephyrhills, FL 33541
TITLE	V	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATZ, MEL	4.2 NAME	Irene Arnot
STREET ADDRESS	6517 NORTHLAKE DR	4.3 STREET ADDRESS	6302 Huntington 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	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACOMB, RICHARD	5.2 NAME	Larry Capehart
STREET ADDRESS	6405 LAURELWOOD DR	5.3 STREET ADDRESS	6902 Stephen's Path
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	5.4 CITY-ST-ZIP	Zephyrhills, FL 33541
TITLE	S	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, SANDRA	6.2 NAME	Alice DeSchryver
STREET ADDRESS	6505 HUNTINGTON DR	6.3 STREET ADDRESS	6514 Brentwood 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, with all other like empowered.

SIGNATURE: *Melvin E. Ratz* DATE March 11, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0048106

CR2E037 (1/198)