

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90100 044 ****61.25

DOCUMENT # N25434

1. Entity Name

SILVER OAKS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6000 SILVER OAKS DRIVE
 ZEPHYRHILLS FL 33541

P.O. BOX 1168
 ZEPHYRHILLS FL 33539

2. Principal Place of Business

3. Mailing Address

6000 Silver Oaks Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Zephyrhills, FL. 33541

4. FEI Number

59-2922581

Applied For

Not Applicable

Zip

Country

Zip

33541

Country

Pasco

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MURPHY, DAVID J ESQ
 14217 THIRD STREET
 DADE CITY FL 33525~~

Name STOOPS MARK

Street Address (P.O. Box Number is Not Acceptable) 2880 SCHAEFER DR #840

City ZEPHYRHILLS FL FL Zip Code 33716

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D MASTIN, EMILIE 6227 HUNTINGTON DRIVE ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITLOCK, DONALD 6541 BRENTWOOD DRIVE ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPEHART, LARRY 6902 STEPHEN'S PATH ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURESS, DANIEL 6255 SILVER OAKS DRIVE ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESCHAMBER, ALICE 6514 BRENTWOOD DRIVE ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARSEN, SANDRA 6505 HUNTINGTON DR ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeff Collins (VP) 6330 Huntington Dr. Zephyrhills, FL. 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (SB) Charlie Mackin 6650 Northlake Drive Zephyrhills, FL. 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Emilie Mastin **RECEIVED**. Mastin - Treasurer 3/28/2001 (813)779-

CR2E037 (10/00)