

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90084 020 \*\*\*\*61.25

**DOCUMENT # N25434**

1. Entity Name

**SILVER OAKS COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

**6000 SILVER OAKS DRIVE  
 ZEPHYRHILLS FL 33541**

Mailing Address

**6000 SILVER OAKS DRIVE  
 ZEPHYRHILLS FL 33541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2922581**

Applied For

Not Applicable

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

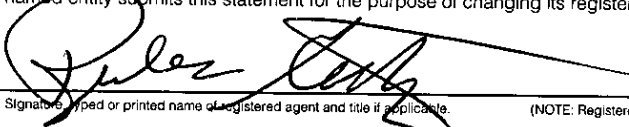
**STOOPS, MARK  
 2880 SCHELER DRIVE  
 # 840  
 SAINT PETERSBURG FL 33716**

Name **RON COTTERILL**

Street Address (P.O. Box Number is Not Acceptable)  
**1505 NW FLORIDA AVE**

City **TAMPA FL** Zip Code **33602**

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)

**2/18/02**  
 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	<b>T MASTIN, EMILIE 6227 HUNTINGTON DRIVE ZEPHYRHILLS FL 33541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WHITLOCK, DONALD 6541 BRENTWOOD DRIVE ZEPHYR HILLS FL 33541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAPEHART, LARRY 6902 STEPHEN'S PATH ZEPHYR HILLS FL 33541</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD COLLINS, JEFF 6330 HUNTINGTON DRIVE ZEPHYRHILLS FL 33541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MACKIN, CHARLIE 6650 NORTHLAKE DRIVE ZEPHYRHILLS FL 33541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MASTIN EMILIE 6227 HUNTINGTON DR. ZEPHYR HILLS FL 33541</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DONALD WHITLOCK 6523 FOXMOOR DR ZEPHYRHILLS FL 33541</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T NELSON GEORGE 6105 SILVER OAKS DR. ZEPHYR HILLS FL - 33541</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COLLINS JEFF 6330 HUNTINGTON DR. ZEPHYR HILLS FL. 33541</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MACKIN CHARLIE 6650 NORTHLAKE DR. ZEPHYR HILLS FL - 33541</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD JOHN VARGA 6132 SILVER OAKS DR. ZEPHYR HILLS FL - 33541</b>	<input checked="" type="checkbox"/> Change <input checked="" 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-2002 (813) 779-0039**

Date Daytime Phone #

CR2E037 (9/01)