


235 **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90338 024 ****61.25

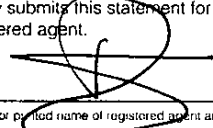
DOCUMENT # N25434			
1. Entity Name SILVER OAKS COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 6000 SILVER OAKS DRIVE ZEPHYRHILLS FL 33541		Mailing Address 2880 SCHERER DRIVE 840 ST. PETERSBURG FL 33716	
2. Principal Place of Business		3. Mailing Address 2876 Scherer Drive N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 100	
City & State		City & State St. Petersburg FL	
Zip	Country	Zip	Country
33716	USA	33716	USA



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2922581		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMPTON, KENT 5739 GALL BLVD. ZEPHYRHILLS FL 33541		7. Name and Address of New Registered Agent Name: Ronald E. Cotterill, Esquire Street: Wetherington, Hamilton, Harrison & Fair, P.A. City: 1010 N. Florida Avenue Tampa, FL 33672-0727 Zip Code: _____	

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, to a person familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: **4/16/06**

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARRETT, GEORGE	NAME	Judy Brooks
STREET ADDRESS	6921 NORTHLAKE DRIVE	STREET ADDRESS	6536 Northlake Dr.
CITY-ST-ZIP	ZEPHYR HILLS FL 33541	CITY-ST-ZIP	zephyrhills, FL 33541
TITLE	D <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JEFF	NAME	
STREET ADDRESS	6330 HUNTINGTON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM, GREG	NAME	Tom Vannate
STREET ADDRESS	6437 BRENTWOOD DRIVE	STREET ADDRESS	6151 Silver oaks Dr.
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	CITY-ST-ZIP	zephyrhills, FL 33541
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGG, LOIS	NAME	Emilie Mastin
STREET ADDRESS	6437 BRENTWOOD DRIVE	STREET ADDRESS	6227 Huntington Dr.
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	CITY-ST-ZIP	zephyrhills (FL 33541)
TITLE	DVP <input type="checkbox"/> Delete	TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELDON, JOHN	NAME	
STREET ADDRESS	6651 NORTHLAKE	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	James Gaczewski
STREET ADDRESS		STREET ADDRESS	6245 Silver oaks Drive
CITY-ST-ZIP		CITY-ST-ZIP	zephyrhills, FL 33541

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  DATE: **3/20/06** **813-312-6533**