

235 **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90167 029 ****61.25

DOCUMENT # N25434
 1. Entity Name
SILVER OAKS COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
6000 SILVER OAKS DRIVE **2870 SCHERER DR N**
ZEPHYRHILLS FL 33541 **STE 100**
SAINT PETERSBURG FL 33716



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/06)
 4. FEI Number Applied For
59-2922581 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COTTERILL, RONALD E ESQ
WETHERINGTON, HAMILTON, HARRISON
& FAIR 1010 N FL. AVE
TAMPA FL 33672-0727

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BROOKS, JUDY	
STREET ADDRESS	6536 N LAKE DR	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLLINS, JEFF	
STREET ADDRESS	6330 HUNTINGTON DRIVE	
CITY - ST - ZIP	ZEPHYRHILLS FL 33542	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARIATER, TOM	
STREET ADDRESS	6151 SILVER OAKS DR	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASTIN, EMILIE	
STREET ADDRESS	6227 HUNTINGTON DR	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHELDON, JOHN	
STREET ADDRESS	6651 NORTHLAKE	
CITY - ST - ZIP	ZEPHYRHILLS FL 33542	
TITLE	S	<input type="checkbox"/> Delete
NAME	GACZEWSKI, JAMES	
STREET ADDRESS	6245 SILVER OAKS DR	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: *Judy Brooks* 2-15-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #