2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State
04-17-2006 90352 025 ****61.25

DOCUMENT # N38981

1. Entity Name
SILVER OAKS VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PEGASUS 17595 S TAMIAMI TRAIL @100 FORT MYERS, FL 33908	C/O PEGASUS 17595 S TAMIAMI TRAIL @100 FORT MYERS, FL 33908

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

66021000

03082006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0250956 ☐ 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
~~STILSON, BARBARA~~ 17595 S TAMIAMI TRAIL STE 100 FORT MYERS, FL 33908	Name: GARY MARSDEN 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: Gary Marsden 4/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SAUNDERS, FAIE 19498 SILVER OAKS DRIVE FORT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAWKINS, JIM 19508 SILVER OAKS DR. FORT MYERS, FL 33912	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ZIRKLE, THOMAS 19539 SILVER OAKS DR. FORT MYERS, FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SIMONS, GARY 14545 SILVER OAKS DRIVE FORT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, TOM 19354 SILVER OAKS DRIVE FORT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DE JEU, JANET 14484 SILVER OAKS DRIVE FORT MYERS, FL 33912	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAHAN, ROBERT 19313 SILVER OAKS DR. FORT MYERS, FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAKOS, DIANNE 19300 NORTHBRIDGE WAY FORT MYERS, FL 33912.	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Faie Saunders 10 April 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #