
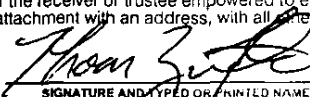


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90205 048 \*\*\*\*61.25

<b>DOCUMENT # N38981</b> 1. Entity Name <b>SILVER OAKS VILLAGE HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O PEGASUS 17595 S TAMiami TRAIL @100 FORT MYERS, FL 33908</b>			Mailing Address <b>C/O PEGASUS 17595 S TAMiami TRAIL @100 FORT MYERS, FL 33908</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0250956</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MARSDEN, GARY 17595 S TAMiami TRAIL STE 100 FORT MYERS, FL 33908</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SAUNDERS, FAIE 19496 SILVER OAKS DRIVE FORT MYERS, FL 33912</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ZIRKLE, THOMAS 19539 SILVER OAKS DR FORT MYERS, FL 33912</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT SIMONS, GARY 14545 SILVER OAKS DRIVE FORT MYERS, FL 33912</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SOUKUP, JOANN 19479 SILVER OAKS DR. FORT MYERS, FL 33967</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WILLIAMS, TOM 19354 SILVER OAKS DRIVE FORT MYERS, FL 33912</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MCCRACKEN, GAIL 19350 NORTHBRIDGE WAY FORT MYERS, FL 33967</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GAHAN, ROBERT 19313 SILVER OAKS DR FORT MYERS, FL 33912</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAKOS, DIANNE 14300 NORTHBRIDGE WAY FORT MYERS, FL 33912</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARROW, DONALD 19391 SILVER OAKS DRIVE FORT MYERS, FL 33967</b>
12. I hereby certify that the information supplied in this 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.					
<b>SIGNATURE:</b> 				<b>4/18/07 239.898.9145</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	