

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001927 (3)

1. Corporation Name

SILVER OAKS COMMONS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

60 SILVER OAKS CIRCLE
SUITE 60
NAPLES FL 33999
US

100 VINEYARDS BLVD
SUITE 60
NAPLES FL 33999
US

3. Date Incorporated or Qualified
04/29/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 100 Vineyards Blvd

2a. Mailing Address
26 100 Vineyards Blvd.

4. FEI Number
65-0459897

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
Naples, FL

28 City & State
Naples, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33999 25 Country US

29 Zip 33999 30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHEFFY, JANE Y
2375 TAMiami TRAIL NORTH, #207
SUITE 705
NAPLES FL 33990

81 Name William S White
82 Street Address (P.O. Box Number is Not Acceptable)
100 Vineyards Blvd.
83
84 City Naples FL 85 Zip Code 33999

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

William S White

2/12/96

Signature typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KESSOUS, MICHAEL	
STREET ADDRESS	2375 TAMiami TRAIL NORTH, #208	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEVENS, PATRICIA	
STREET ADDRESS	2375 TAMiami TRAIL N STE 208	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NASH, WARREN	
STREET ADDRESS	81 SILVER OAKS CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD John Kruse	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	61 Silver Oaks Circle #11204	
1.3 STREET ADDRESS	Naples, FL 33999	
1.4 CITY-ST-ZIP		
2.1 TITLE	VD Frank Solsnah	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	81 Silver Oaks Circle #7207	
2.3 STREET ADDRESS	Naples, FL 33999	
2.4 CITY-ST-ZIP		
3.1 TITLE	STD Warren Nash	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	81 Silver Oaks Circle #7201	
3.3 STREET ADDRESS	Naples, FL 33999	
3.4 CITY-ST-ZIP		
4.1 TITLE	D Patricia Stevens	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	2375 Tamiami Trail N Ste 208	
4.3 STREET ADDRESS	Naples, FL 33999	
4.4 CITY-ST-ZIP		
5.1 TITLE	D Allen Person	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	88 Silver Oaks Circle #4204	
5.3 STREET ADDRESS	Naples, FL 33999	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Warren R Nash

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/9/96

Date

353-5112

Daytime Phone #

CR2E037 (12/95)