

**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 # **N93000001930 (7)**  
1. Corporation Name  
**SILVER OAKS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **60 SILVER OAKS CIRCLE SUITE 60 NAPLES FL 33999 US**  
Mailing Address: **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**  
4. FEI Number: **65-0448995**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 **100 Vineyards Blvd**  
Suite, Apt. #, etc.  
22  
City & State: **Naples FL**  
23  
Zip: **33999** Country: **US**  
24  
25  
26 **100 Vineyards Blvd.**  
Suite, Apt. #, etc.  
27  
City & State: **Naples, FL**  
28  
Zip: **33999** Country: **US**  
29  
30

9. Name and Address of Current Registered Agent  
**CHEFFY, JANE Y  
2375 TAMAMI TR N.  
#207  
NAPLES FL 33940**

10. Name and Address of New Registered Agent  
81 Name: **William D. 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 D. White* DATE: **2/12/96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <del>DELETE</del>
NAME	KESSOUS, MICHAEL
STREET ADDRESS	2375 TAMAMI TR N. #208
CITY-ST-ZIP	NAPLES FL
TITLE	D <del>DELETE</del>
NAME	STEVENS, PATRICIA
STREET ADDRESS	2375 TAMAMI TR N., #208
CITY-ST-ZIP	NAPLES FL
TITLE	D <del>DELETE</del>
NAME	NASH, WARREN
STREET ADDRESS	81 SILVER OAKS CIRCLE, #7201
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John Kruse
1.3 STREET ADDRESS	61 Silver Oaks Circle #11204
1.4 CITY-ST-ZIP	Naples, FL 33999
2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Frank Selsnak
2.3 STREET ADDRESS	81 Silver Oaks Circle 7202
2.4 CITY-ST-ZIP	Naples, FL 33999
3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Warren Nash
3.3 STREET ADDRESS	81 Silver Oaks Circle, 7201
3.4 CITY-ST-ZIP	Naples, FL
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Patricia Stevens
4.3 STREET ADDRESS	2375 Tamiami Trail N Ste 208
4.4 CITY-ST-ZIP	Naples, FL 33999
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Allen Person
5.3 STREET ADDRESS	88 Silver Oaks Circle #4204
5.4 CITY-ST-ZIP	Naples, FL 33999
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* DATE: **2/9/96** TELEPHONE: **353 5112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)