


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90084 035 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001930**  
 1. Corporation Name  
**SILVER OAKS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 100 VINEYARDS BLVD NAPLES FL 33999 US	Mailing Address 100 VINEYARDS BLVD NAPLES FL 33999 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/29/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0448995
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent PROPERTY MANAGEMENT PROFESSIONALS OF SW FL 100 VINEYARDS BOULEVARD NAPLES FL 34119	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIAECKI, TONY	1.2 NAME	Richard Lacy
STREET ADDRESS	61 SILVER OAK CIRCLE #12-101	1.3 STREET ADDRESS	65 Silver oaks circle 11101
CITY-ST-ZIP	NAPLES FL 34119	1.4 CITY-ST-ZIP	Naples, FL 34119
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, DON	2.2 NAME	
STREET ADDRESS	56 SILVER OAKS CIRCLE #14-101	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34119	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEPING, DICK	3.2 NAME	
STREET ADDRESS	61 SILVER OAKS CIRCLE #12-104	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34119	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUSE, JACK	4.2 NAME	
STREET ADDRESS	65 SILVER OAKS CIRCLE #11-204	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34119	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, SHARON	5.2 NAME	
STREET ADDRESS	65 SILVER OAKS CIRCLE #11-203	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34119	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TADDEO, PHIL	6.2 NAME	
STREET ADDRESS	74 SILVER OAKS CIRCLE #9-203	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34119	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE *Richard Lacy* Date *Apr 15/99* Telephone # \_\_\_\_\_

FORM 990

CR2E037 (11/98)