

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Oct 14 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000003098 (8)
 1. Corporation Name
 SILVER OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 15 SOUTH KISSIMMEE AVENUE, OCOEE FL 34761
 Mailing Address: 15 SOUTH KISSIMMEE AVENUE, OCOEE FL 34761

3. Date Incorporated or Qualified: 06/11/1996
 4. FEI Number: APPLIED FOR 59-3532896
 Applied For: Yes Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 7131 Grand National Drive, Suite 106, Orlando, Florida 32819
 2a. Mailing Address: Same as #2
 23. City & State: Orlando, Florida
 24. Zip: 32819, 25. Country: USA

9. Name and Address of Current Registered Agent
 BRENNAN, DAVID C
 201 EAST PINE STREET
 SUITE 1402
 ORLANDO FL 32804

10. Name and Address of New Registered Agent
 81 Name: Michael T. Wright
 82 Street Address (P.O. Box Number is Not Acceptable): 7131 Grand National Dr.
 83 Suite 106
 84 City: Orlando, FL 85 Zip Code: 32819

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: [Signature] DATE: 7/25/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CRITTENDEN, EARL M	
STREET ADDRESS	15 SOUTH KISSIMMEE AVENUE	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LANGLEY, ARTHUR E	
STREET ADDRESS	15 SOUTH KISSIMMEE AVENUE	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SCHUUR, HARRY J III	
STREET ADDRESS	15 SOUTH KISSIMMEE AVENUE	
CITY-ST-ZIP	OCOEE FL 34761	
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	Gonzalez, Ricardo H	
1.3 STREET ADDRESS	7131 Grand National Dr. Ste 106	
1.4 CITY-ST-ZIP	Orlando, Florida 32819	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Grabosky, David M.	
2.3 STREET ADDRESS	7131 Grand National Dr. Ste 106	
2.4 CITY-ST-ZIP	Orlando, Florida 32819	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wright, Michael T.	
3.3 STREET ADDRESS	7131 Grand National Dr. Ste 106	
3.4 CITY-ST-ZIP	Orlando, Florida 32819	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Elania Troyano Geison	
4.3 STREET ADDRESS	7131 Grand National Dr. Suite 106	
4.4 CITY-ST-ZIP	Orlando, FL 32819	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 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.

SIGNATURE: [Signature] DATE: 7/25/98 DAYTIME PHONE #: (407) 352-4443 X104

CR2E037 (5/98)