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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90156 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000005629

1. Corporation Name

SILVER OAKS OF FANNING SPRINGS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

POST OFFICE BOX 308 TRENTON FL 32693

Mailing Address

POST OFFICE BOX 308 TRENTON FL 32693



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified 11/04/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 59-3432263

Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURT, THEODORE M 114 NORTHEAST FIRST ST TRENTON FL 32693

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D NAME MCQUILLAN, ARTHUR J STREET ADDRESS RT 241, POST OFFICE BOX 537 N/A CITY-ST-ZIP ALACHUA FL

1.1 TITLE Change Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE D NAME MCQUILLAN, GREGORY STREET ADDRESS 1805 SE 12TH ST. CITY-ST-ZIP GAINESVILLE FL 32641

2.1 TITLE Change Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE D NAME MCQUILLAN, MADELINE L STREET ADDRESS RT 241, POST OFFICE BOX 537 N/A CITY-ST-ZIP ALACHUA FL

3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Signature of Arthur J. McQuillan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)