



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90010 049 ****61.25

DOCUMENT # N96000005629					
1. Entity Name SILVER OAKS OF FANNING SPRINGS HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business POST OFFICE BOX 1085 TRENTON, FL 32693		Mailing Address POST OFFICE BOX 1085 TRENTON, FL 32693		 01062004 Chg-NP CR2E037 (10/03)	
2. Principal Place of Business -		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3425246	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHASE, PAUL 17390 N.W. 84TH COURT TRENTON, FL 32693				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Serome Gardner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHASE, PAUL		NAME	17340 N.W. 82nd Terrace	
STREET ADDRESS	17390 NW 84TH COURT		STREET ADDRESS	Fanning Springs, FL 32693	
CITY-ST-ZIP	FANNING SPRINGS, FL 32693		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, JAMES		NAME		
STREET ADDRESS	17190 NW 82ND TERRACE		STREET ADDRESS		
CITY-ST-ZIP	TRENTON, FL 32693		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKE, BARBARA		NAME		
STREET ADDRESS	17430 NW 80TH COURT		STREET ADDRESS		
CITY-ST-ZIP	FANNING SPRINGS, FL 32693		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRONE, SHIRLEY		NAME		
STREET ADDRESS	17130 NW 83RD COURT		STREET ADDRESS		
CITY-ST-ZIP	FANNING SPRINGS, FL 32693		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, PEGGY		NAME		
STREET ADDRESS	8211 NW 174TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	FANNING SPRINGS, FL 32693		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Paul E. Chase</i>			1/13/04 352-463-7275		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		