

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90018 042 \*\*\*\*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**

40001009



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3425246**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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** ☐ Delete  
NAME **GARDNER, JEROME**  
STREET ADDRESS **17340 NW 82ND TERRACE**  
CITY-ST-ZIP **FANNING SPRINGS, FL 32693**

TITLE **D** ☒ Change ☐ Addition  
NAME **GARDNER, Jerome**  
STREET ADDRESS **17340 NW 82nd Terrace**  
CITY-ST-ZIP **Fanning Springs, FL 32693**

TITLE **ST** ☐ Delete  
NAME **MCLAUGHLIN, JAMES**  
STREET ADDRESS **17190 NW 82ND TERRACE**  
CITY-ST-ZIP **TRENTON, FL 32693**

TITLE **T/O** ☒ Change ☐ Addition  
NAME **mclaughlin, James**  
STREET ADDRESS **17190 N.W 82nd Terrace**  
CITY-ST-ZIP **Fanning Springs, FL 32693**

TITLE **D** ☐ Delete  
NAME **LOCKE, BARBARA**  
STREET ADDRESS **17430 NW 80TH COURT**  
CITY-ST-ZIP **FANNING SPRINGS, FL 32693**

TITLE **V/O** ☒ Change ☐ Addition  
NAME **LOCKE, Barbara**  
STREET ADDRESS **17430 NW 80th Court**  
CITY-ST-ZIP **Fanning Springs, FL 32693**

TITLE **D** ☒ Delete  
NAME **MCCRONE, SHIRLEY**  
STREET ADDRESS **17130 NW 83RD COURT**  
CITY-ST-ZIP **FANNING SPRINGS, FL 32693**

TITLE **P** ☐ Change ☒ Addition  
NAME **CHASE, PAUL**  
STREET ADDRESS **17390 N.W 84th Court**  
CITY-ST-ZIP **Fanning Springs, FL 32693**

TITLE **D** ☐ Delete  
NAME **NORMAN, PEGGY**  
STREET ADDRESS **8211 NW 174TH PLACE**  
CITY-ST-ZIP **FANNING SPRINGS, FL 32693**

TITLE **S/O** ☒ Change ☐ Addition  
NAME **Norman, Peggy**  
STREET ADDRESS **8211 NW 174th Place**  
CITY-ST-ZIP **Fanning Springs, FL 32693**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:** Paul E. Chase Paul E. Chase 1-11-05 463-7225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #