


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000005629</b> 1. Entity Name <b>SILVER OAKS OF FANNING SPRINGS HOMEOWNER'S ASSOCIATION, INC.</b>	
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Principal Place of Business POST OFFICE BOX 1085 TRENTON, FL 32693	Mailing Address POST OFFICE BOX 1085 TRENTON, FL 32693
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01042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3425246</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CHASE, PAUL  
 17390 N.W. 84TH COURT  
 TRENTON, FL 32693

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, JEROME 17340 NW 82ND TERRACE FANNING SPRINGS, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCLAUGHLIN, JAMES 17190 NW 82ND TERRACE TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOCKE, BARBARA 17430 NW 80TH COURT FANNING SPRINGS, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASE, PAUL 17890 NW 84TH CT FANNING SPRINGS, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORMAN, PEGGY 8211 NW 174TH PLACE FANNING SPRINGS, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JAMES MCLAUGHLIN **JAMES MCLAUGHLIN** 1/4/06 352-413-0381  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #