2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005629

FILED Apr 08, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: POST OFFICE BOX 1085 17150 NW 80TH TERRACE TRENTON, FL 32693 TRENTON, FL 32693 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 1085 TRENTON, FL 32693 FEI Number: 59-3425246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHASE, PAUL 17390 N.W. 84TH COURT TRENTON, FL 32693 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LUCAS, JACK GARDNER, JEROME Name: Name: 17340 NW 82ND TERRACE Address: 17151 N W 83RD COURT Address: City-St-Zip: FANNING SPRINGS, FL 32693 City-St-Zip: FANNING SPRINGS, FL 32693 Title: () Delete Title: (X) Change () Addition MCLAUGHLIN, JAMES Name: QUEEN, RONALD Name: Address: 17190 NW 82ND TERRACE Address: 17150 N W 80TH TERRACE City-St-Zip: TRENTON, FL 32693 City-St-Zip: FANNING SPRINGS, FL 32693 Title: VD. () Delete Title: () Change () Addition LOCKE, BARBARA Name: Name: Address: 17430 NW 80TH COURT Address: City-St-Zip: FANNING SPRINGS, FL 32693 City-St-Zip: Title: () Delete Title: () Change () Addition CHASE, PAUL Name: Name: Address: 17890 NW 84TH CT Address: City-St-Zip: FANNING SPRINGS, FL 32693 City-St-Zip: Title: () Delete Title: () Change () Addition NORMAN, PEGGY Name: Name: 8211 NW 174TH PLACE Address: Address: City-St-Zip: FANNING SPRINGS, FL 32693 City-St-Zip: Title: () Delete Title: () Change (X) Addition ARMACOST, BETTY Name: Name: Address: Address: 8350 N W 174TH PLACE FANNING SPRINGS, FL 32693 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD QUEEN P 04/08/2007