

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005629

FILED
Jan 12, 2009
Secretary of State

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

Current Principal Place of Business:

17150 NW 80TH TERRACE
TRENTON, FL 32693

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 565
CHIEFLAND, FL 32644

New Mailing Address:

17150 NW 80TH TERRACE
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:

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

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: LUCAS, JACK
Address: 17151 N W 83RD COURT
City-St-Zip: FANNING SPRINGS, FL 32693

Title: PD () Delete
Name: QUEEN, RONALD
Address: 17150 N W 80TH TERRACE
City-St-Zip: FANNING SPRINGS, FL 32693

Title: VD () Delete
Name: LOCKE, BARBARA
Address: 17430 NW 80TH COURT
City-St-Zip: FANNING SPRINGS, FL 32693

Title: D () Delete
Name: CHASE, PAUL
Address: 17890 NW 84TH CT
City-St-Zip: FANNING SPRINGS, FL 32693

Title: D () Delete
Name: ARMACOST, BETTY
Address: 8350 N W 174TH PLACE
City-St-Zip: FANNING SPRINGS, FL 32693

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WAKEFIELD, DUANE
Address: 7431 NW 80TH COURT
City-St-Zip: FANNING SPRINGS, FL 32693

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RON QUEEN

P

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date