

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005629

**FILED**  
**Feb 13, 2010**  
**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:**

17150 NW 80TH TERRACE  
TRENTON, FL 32693

**New Mailing Address:**

POST OFFICE BOX 565  
CHIEFLAND, FL 32644

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: VD  
Name: WAKEFIELD, DUANE  
Address: 7431 NW 80TH COURT  
City-St-Zip: FANNING SPRINGS, FL 32693

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RON QUEEN

PRES

02/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date