

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006760

FILED
May 04, 2009
Secretary of State

Entity Name: SILVER OAKS VILLAGE OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

6144 ABBOTT STATION DR
#101
ZEPHYRHILLS, FL 33542 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1536
ZEPHYRHILLS, FL 33541 US

New Mailing Address:

FEI Number: 59-3514966 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHANNON, JEFFREY C
501 E KENNEDY BLVD STE 1700
TAMPA, FL 33602 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: PD () Delete
Name: SMITH, LANCE,
Address: 37305 PICKETTS MILL AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: SD () Delete
Name: SMITH, CULLEN E
Address: 37305 PICKETTS MILL AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LANCE SMITH

PD

05/04/2009

Electronic Signature of Signing Officer or Director

Date