


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90008 003 ****61.25

DOCUMENT # N98000005425

1. Entity Name
SILVER OAKS PHASE I OWNERS' ASSOCIATION, INC.



14022789



Principal Place of Business
 1221 AIRPORT RD., STE. 206
 DESTIN, FL 32541

Mailing Address
 P.O. BOX 5497
 DESTIN, FL 32540

2. Principal Place of Business
 317 N. MAIN ST
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 1542
 Suite, Apt. #, etc.

City & State
 Crestview, FL

City & State
 Crestview, FL

Zip
 32536

Country

Zip
 32536

Country

03112003 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3583224

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKIE BLY
 1221 AIRPORT RD. STE. 206
 DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name
 George G. Scott

Street Address (P.O. Box Number is Not Acceptable)
 317 N. MAIN ST

City
 Crestview FL

Zip Code
 32536

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 George G. Scott George G. Scott 5/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, DAN 2634 SOREL RIDGE RD. CRESTVIEW, FL 32536 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HESTER, ROBERT 5851 SARATOGA DRIVE CRESTVIEW, FL 32536 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SNYDER, DERYL 2607 PALAMINO TRAIL CRESTVIEW, FL 32536 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHEUNG, KAY 5863 SARATOGA DRIVE CRESTVIEW, FL 32536 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD David Shepherd 5849 Saratoga Dr Crestview, FL 32536 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Mike Zoltek 2605 Palomino Trail Crestview, FL 32536 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Deryl Snyder 2607 Palomino Trail Crestview, FL 32536 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Thomas Calhoun 5832 Hunting Meadow Dr Crestview, FL 32536 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David Shepherd DAVID SHEPHERD 5/19/04 850 683-1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #