

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000005425

FILED
Oct 14, 2009
Secretary of State

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

Current Principal Place of Business:

919 WEST JAMES LEE BLVD.
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1542
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-3583224 **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:

MCDUFFIE, MICHAEL S
919 WEST JAMES LEE BLVD.
CRESTVIEW, FL 32536 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: BARBARA COLE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANTOS, EDWIN
Address: 5859 HUNTING MEADOWS DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: VPD () Delete
Name: COLE, BARBARA
Address: 5865 HUNTING MEADOWS DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: TD () Delete
Name: VICKERY, MARGO
Address: 2638 SORREL RIDGE ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: SD () Delete
Name: COOPER, SUSAN
Address: 2612 SORREL RIDGE ROAD
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLE, BARBARA
Address: 5859 HUNTING MEADOWS DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: VPD (X) Change () Addition
Name: FRAME, TOM
Address: 5865 HUNTING MEADOWS DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: TD (X) Change () Addition
Name: FRAME, TERRY
Address: 2638 SORREL RIDGE ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: SD (X) Change () Addition
Name: TERRY, FRAME
Address: 2612 SORREL RIDGE ROAD
City-St-Zip: CRESTVIEW, FL 32536

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: BARBARA COLE

Electronic Signature of Signing Officer or Director

PRES

10/14/2009

Date