

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100176

1. Entity Name
SILVER OAKS VILLAGE, INC.



Principal Place of Business
233 SW 3RD ST
OCALA, FL 34474 US

Mailing Address
233 SW 3RD ST
OCALA, FL 34474 US

FILED
04 MAR 16 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number
23-7245119

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAWSON, GWENDOLYN
233 SW 3RD ST
OCALA, FL 34474

DK

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GUNN, HAWARD L
STREET ADDRESS	2801 SW 15TH STREET
CITY - ST - ZIP	OCALA, FL 34474
TITLE	DT
NAME	GOFORTH, JAMES T
STREET ADDRESS	11299 SW 71ST TERRACE RD
CITY - ST - ZIP	OCALA, FL 34476
TITLE	SD
NAME	GWENDOLYN, DAWSON
STREET ADDRESS	233 SW 3RD STREET
CITY - ST - ZIP	OCALA, FL 34474
TITLE	D
NAME	PODSADOWSKI, RITA
STREET ADDRESS	11290 SW 71ST TERR
CITY - ST - ZIP	OCALA, FL 34476
TITLE	D
NAME	RICHARDSON, KELVIN
STREET ADDRESS	3363 NE 32ND AVE
CITY - ST - ZIP	OCALA, FL 34479
TITLE	D
NAME	CLIFTON, ANGELIA
STREET ADDRESS	1106 NE 23RD AVE
CITY - ST - ZIP	OCALA, FL 34471

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04/06/04--01022--023 **158.75

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gwendolyn B. Dawson
Secretary/Director

2/26/04

352-369-2636

Date

Daytime Phone #