

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100176

Entity Name: SILVER OAKS VILLAGE, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

1629 NW 4TH STREET
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

1629 NW 4TH STREET
OCALA, FL 34475 US

New Mailing Address:

FEI Number: 43-1988528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARNARD, BROWNELL
1629 N.W. 4TH STREET
OCALA, FL 34475 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GUNN, HAWARD L
Address: 2801 SW 15TH STREET
City-St-Zip: OCALA, FL 34474

Title: PD () Delete
Name: BARNARD, BROWNELL
Address: 1629 N.W. 4TH STREET, SUITE 103
City-St-Zip: OCALA, FL 34475

Title: D () Delete
Name: MITCHELL, ELNORA
Address: 11353 N.W. HWY 225
City-St-Zip: REDDICK, FL 32686

Title: D () Delete
Name: OVERSTREET, REBA
Address: 3112 NE 4TH COURT
City-St-Zip: OCAL, FL 34479

Title: D () Delete
Name: LONON, CHERYL
Address: 1629 N.W. 4TH STREET, SUITE 103
City-St-Zip: OCALA, FL 34475

Title: D () Delete
Name: THOMAS, ANNA F
Address: 1629 N.W. 4TH STREET, SUITE 103
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BROWNELL BARNARD

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date