
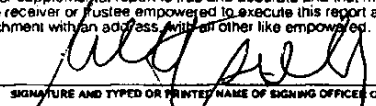


FILED
Jun 21, 2006 8:00 am
Secretary of State

05-04-2006 90228 033 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000110875		
1. Entity Name SILBER REGENCY OAKS, INC.		
Principal Place of Business 3230 SW ARCHER ROAD GAINESVILLE, FL 32608 US		Mailing Address C/O SAUL SILBER PROPERTIES 901 NW 8TH AVE STE B-6 GAINESVILLE, FL 32601 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SILBER, SAUL 2130 NW 24TH AVE. GAINESVILLE, FL 32605		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILBER, SAUL 2130 NW 24TH AVE. GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILBER, NETTY 2130 NW 24TH AVE GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone _____		

66020153



02142006 No Chg-P CR2E034 (11/05)

4. FEI Number
43-1987849

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**