

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25434

**FILED**  
**May 01, 2014**  
**Secretary of State**  
**CC3108213950**

**Entity Name:** SILVER OAKS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

FIRSTSERVICE RESIDENTIAL  
2870 SCHERER DR N STE 100  
ST PETERSBURG, FL 33716

**Current Mailing Address:**

FIRSTSERVICE RESIDENTIAL  
2870 SCHERER DR N STE 100  
SAINT PETERSBURG, FL 33716 US

**FEI Number:** 59-2922581

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHELTON, JAREMY  
WETHERINGTON, HAMILTON  
1010 N FL. AVE  
TAMPA, FL 33672-0727 US

*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:** JAREMY SHELTON

05/01/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name RUBIN, HARVEY  
Address FIRSTSERVICE RESIDENTIAL  
2870 SCHERER DR N STE 100  
City-State-Zip: ST PETERSBURG FL 33716

Title PRESIDENT  
Name TESINI, ALLAN  
Address FIRSTSERVICE RESIDENTIAL  
2870 SCHERER DR N STE 100  
City-State-Zip: ST PETERSBURG FL 33716

Title D  
Name KLINGER, RICHARD  
Address FIRSTSERVICE RESIDENTIAL  
2870 SCHERER DR N STE 100  
City-State-Zip: ST PETERSBURG FL 33716

Title VP  
Name SHELDON, JOHN  
Address FIRSTSERVICE RESIDENTIAL  
2870 SCHERER DR N STE 100  
City-State-Zip: ST PETERSBURG FL 33716

Title S  
Name HAMEL, MARY  
Address FIRSTSERVICE RESIDENTIAL  
2870 SCHERER DR N STE 100  
City-State-Zip: ST PETERSBURG FL 33716

Title DIRECTOR  
Name CAPEHART, LARRY  
Address FIRSTSERVICE RESIDENTIAL  
2870 SCHERER DR N STE 100  
City-State-Zip: ST PETERSBURG FL 33716

Title DIRECTOR  
Name BROOKS, JUDITH  
Address FIRSTSERVICE RESIDENTIAL  
2870 SCHERER DR N STE 100  
City-State-Zip: ST PETERSBURG FL 33716

Title DIRECTOR  
Name CALL, DAVID  
Address FIRSTSERVICE RESIDENTIAL  
2870 SCHERER DR N STE 100  
City-State-Zip: ST PETERSBURG FL 33716

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*I hereby 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 all other like empowered.*

**SIGNATURE:** ALLAN TESINI

PRESIDENT

05/01/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PATTERSON, JOHN  
Address        FIRSTSERVICE RESIDENTIAL  
                  2870 SCHERER DR N STE 100  
City-State-Zip: ST PETERSBURG FL 33716