2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25434

Entity Name: SILVER OAKS COMMUNITY ASSOCIATION, INC.

FILED
Apr 01, 2019
Secretary of State
8672637386CC

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:

SILBERMAN, AARON 1105 W SWANN AVE TAMPA, FL 33606 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: AARON SILBERMAN 04/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title SECRETARY Title DIRECTOR

Name COLLINS, JEFFREY Name ROEHRIG, MONICA

Address FIRSTSERVICE RESIDENTIAL Address FIRSTSERVICE RESIDENTIAL

2870 SCHERER DR N STE 100 2870 SCHERER DR N STE 100

City-State-Zip: ST PETERSBURG FL 33716 City-State-Zip: ST PETERSBURG FL 33716

Title PRESIDENT Title VP

Name FAILLA, RICHARD Name BURGESS, NICHOLAS

Address FIRSTSERVICE RESIDENTIAL Address FIRSTSERVICE RESIDENTIAL

2870 SCHERER DR N STE 100 2870 SCHERER DR N STE 100

City-State-Zip: ST PETERSBURG FL 33716 City-State-Zip: SAINT PETERSBURG FL 33716

Title DIRECTOR Title TREASURER

Name BARBER, STEPHEN Name WILMOT, BARBARA

Address FIRSTSERVICE RESIDENTIAL Address FIRSTSERVICE RESIDENTIAL

2870 SCHERER DR N STE 100 2870 SCHERER DR N STE 100

City-State-Zip: SAINT PETERSBURG FL 33716 City-State-Zip: SAINT PETERSBURG FL 33716

Title DIRECTOR Title DIRECTOR

Name STEVENS, ERNEST Name DENSLOW, RICHARD

Address FIRSTSERVICE RESIDENTIAL Address FIRSTSERVICE RESIDENTIAL

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City-State-Zip: SAINT PETERSBURG FL 33716 City-State-Zip: SAINT PETERSBURG FL 33716

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: RICHARD FAILLA PRESIDENT 04/01/2019