#### 2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N25434

Entity Name: SILVER OAKS COMMUNITY ASSOCIATION, INC.

**FILED** Jul 31, 2014 **Secretary of State** CC7458080094

### **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 07/31/2014

Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title PRESIDENT Т

Name RUBIN, HARVEY Name SHELDON, JOHN

FIRSTSERVICE RESIDENTIAL FIRSTSERVICE RESIDENTIAL Address Address

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

VΡ Title Title S

Name CALL, DAVID Name HAMEL, MARY

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 DIRECTOR Title DIRECTOR

THOMPSON, HELEN Name LAFLECHE, CAROL Name

FIRSTSERVICE RESIDENTIAL Address FIRSTSERVICE RESIDENTIAL Address

> 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 DIRECTOR Title DIRECTOR

Name SMITH, IRWIN Name COLLINS, JEFFREY

Address FIRSTSERVICE RESIDENTIAL Address FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR N STE 100

2870 SCHERER DR N STE 100

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

### Continues on page 2

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.

07/31/2014 SIGNATURE: JOHN SHELDON **PRESIDENT** 

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name ROEHRIG, MONICA

Address FIRSTSERVICE RESIDENTIAL

2870 SCHERER DR N STE 100

City-State-Zip: ST PETERSBURG FL 33716