

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001930

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

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC5229653414**

**Current Principal Place of Business:**

4851 TAMIAMI TRAIL N  
STE 400  
NAPLES, FL 34103

**Current Mailing Address:**

4851 TAMIAMI TRAIL N  
STE 400  
NAPLES, FL 34103 US

**FEI Number: 65-0448995**

**Certificate of Status Desired: No**

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

COMPASS GROUP  
4851 TAMIAMI TRAIL N  
STE 400  
NAPLES, FL 34103 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           COHEN, LARRY  
Address        4851 TAMIAMI TRAIL N  
                  STE 400  
City-State-Zip: NAPLES FL 34103

Title           DIRECTOR  
Name           DULIN, JOHN  
Address        4851 TAMIAMI TRAIL N  
                  STE 400  
City-State-Zip: NAPLES FL 34103

Title           TREASURER  
Name           EDGAR, ARCHER  
Address        4851 TAMIAMI TRAIL N  
                  STE 400  
City-State-Zip: NAPLES FL 34103

Title           PRESIDENT  
Name           GIORDANO JR., ALPHONSE  
Address        4851 TAMIAMI TRAIL N  
                  STE 400  
City-State-Zip: NAPLES FL 34103

Title           DIRECTOR  
Name           MORAN, ROBERT  
Address        4851 TAMIAMI TRAIL N  
                  STE 400  
City-State-Zip: NAPLES FL 34103

*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: ALPHONSE GIORDANO JR.**

**PRESIDENT**

**04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date