

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005629

**Entity Name:** SILVER OAKS OF FANNING SPRINGS HOMEOWNER'S ASSOCIATION, INC.

**FILED**  
**Apr 03, 2013**  
**Secretary of State**  
**CC6256078371**

**Current Principal Place of Business:**

17390 NW 84 CT  
FANNING SPRINGS, FL 32693

**Current Mailing Address:**

POST OFFICE BOX 565  
CHIEFLAND, FL 32644

**FEI Number: 59-3425246**

**Certificate of Status Desired: No**

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

CHASE, PAUL  
17390 N.W. 84TH COURT  
TRENTON, FL 32693 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 PD  
Name LOCKE, BARBARA  
Address 17430 NW 80TH COURT  
City-State-Zip: FANNING SPRINGS FL 32693

Title D  
Name KIRK, LORRAINE  
Address 17171 NW 80 TER  
City-State-Zip: FANNING SPRINGS FL 32693

Title D  
Name LOCKE, JOE  
Address 8251 NW 174 PL  
City-State-Zip: FANNING SPRINGS FL 32693

Title D  
Name CHASE, PAUL  
Address 17PD390 NW 84TH CT  
City-State-Zip: FANNING SPRINGS FL 32693

Title DIRECTOR  
Name MCCRONE, SHIRLEY  
Address 17130 NW 83 CT  
City-State-Zip: FANNING SPRINGS FL 32693

*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: BARBARA LOCKE**

**PRESIDENT**

**04/03/2013**

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

\_\_\_\_\_  
Date