


**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # N04000005294

1. Entity Name
OAKFORD ESTATES PROPERTY OWNERS' ASSOCIATION, INC.



FILED
Sep 26, 2006 8:00 A.M.
Secretary of State

Principal Place of Business
200 LAKE MORTON DRIVE
LAKELAND, FL 33801

Mailing Address
P.O. BOX 237
HIGHLAND CITY, FL 33846



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
5646 Fischer Drive
Suite, Apt. #, etc.

09202006 Chg-NP CR2E037 (4/06)

City & State
Lakeland, FL 33812

4. FEI Number
32-0109289

Applied For
 Not Applicable

Zip Country Zip Country
33812 Polk

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTIN, E. SNOW JR.
200 LAKE MORTON DRIVE
LAKELAND, FL 33801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOFTIN, WILLIAM H 5371 U.S. 98 SOUTH HIGHLAND CITY, FL 33846	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERS, OSCAR W JR 5431 U.S. 98 SOUTH HIGHLAND CITY, FL 33846	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROGERS, C. DANE 5431 U.S. 98 SOUTH HIGHLAND CITY, FL 33846	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gerri Baggott 5646 Fischer Drive Lakeland, FL 33812	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Daniel Malek 5464 Oakford Drive Lakeland, FL 33812	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Andrea Johnson 5643 Fischer Drive Lakeland, FL 33812	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Brenda Wilkinson 5598 Fischer Drive Lakeland, FL 33812	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerri Baggott* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/06 *863-868-3133*
Date Daytime Phone #