

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005294

FILED  
Apr 12, 2008  
Secretary of State

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

**Current Principal Place of Business:**

200 LAKE MORTON DRIVE  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

5464 OAKFORD DR.  
LAKELAND, FL 33812

**New Mailing Address:**

5446 OAKFORD DR  
LAKELAND, FL 33812

FEI Number: 32-0109289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MALEK, DANIEL M  
5464 OAKFORD DR.  
LAKELAND, FL 33812 US

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

HUMMEL, BEAU  
5446 OAKFORD DR.  
LAKELAND, FL 33812 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: BEAU HUMMEL

04/12/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MALEK, DANIEL  
Address: 5464 OAKFORD DRIVE  
City-St-Zip: LAKELAND, FL 33812

Title: DV ( ) Delete  
Name: FENNER, STEPHANIE  
Address: 5470 OAKFORD DRIVE  
City-St-Zip: LAKELAND, FL 33812

Title: TD ( ) Delete  
Name: WILKINSON, BRENDA  
Address: 5598 FISCHER DRIVE  
City-St-Zip: LAKELAND, FL 33812

Title: CD ( ) Delete  
Name: JAMES, DELP  
Address: 5518 OAKFORD DRIVE  
City-St-Zip: LAKELAND, FL 33812

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HUMMEL, BEAU  
Address: 5446 OAKFORD DRIVE  
City-St-Zip: LAKELAND, FL 33812

Title: DV (X) Change ( ) Addition  
Name: LOPIPERO, TOM  
Address: 5440 OAKFORD DRIVE  
City-St-Zip: LAKELAND, FL 33812

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: LAGASSE, ERICA  
Address: 5445 OAKFORD DRIVE  
City-St-Zip: LAKELAND, FL 33812

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BEAU HUMMEL

PD

04/12/2008

Electronic Signature of Signing Officer or Director

Date