

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007683

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**2483530264CC**

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

**Current Principal Place of Business:**

5600 US HWY 98 N  
SUITE 1  
LAKELAND, FL 33809

**Current Mailing Address:**

PO BOX 92797  
LAKELAND, FL 33804 US

**FEI Number: 51-0593662**

**Certificate of Status Desired: No**

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

HALL, JOHN  
5600 US HWY 98 N  
SUITE 1  
LAKELAND, FL 33809 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: JOHN HALL**

**02/12/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           SALAS, ROCKY  
Address        PO BOX 92797  
City-State-Zip: LAKELAND FL 33804

Title           VP  
Name           HRUBES, CHANTELE  
Address        PO BOX 92797  
City-State-Zip: LAKELAND FL 33804

Title           SECRETARY  
Name           NIERO, CHARLES  
Address        PO BOX 92797  
City-State-Zip: LAKELAND FL 33804

Title           TREASURER  
Name           SALAS, CHRISTINA  
Address        PO BOX 92797  
City-State-Zip: LAKELAND FL 33804

Title           DIRECTOR  
Name           ACOSTA, DENNIS  
Address        PO BOX 92797  
City-State-Zip: LAKELAND FL 33804

Title           DIRECTOR  
Name           HRUBES, MIKE  
Address        P O BOX 92797  
City-State-Zip: LAKELAND FL 33804

Title           DIRECTOR  
Name           CURTIS, GWEN  
Address        P O BOX 92797  
City-State-Zip: LAKELAND FL 33804

*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: ROCKY SALAS**

**PRESIDENT**

**02/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date