
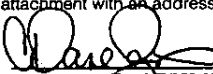


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90029 017 \*\*\*\*61.25

<b>DOCUMENT # N06000007683</b>					
1. Entity Name <b>OAKFORD ESTATES PHASE TWO PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>200 LAKE MORTON DRIVE LAKELAND, FL 33801</b>			Mailing Address <b>200 LAKE MORTON DRIVE LAKELAND, FL 33801</b>		
2. Principal Place of Business - No P.O. Box # <b>5431 U.S. Hwy 98 South</b>		3. Mailing Address <b>P.O. Box 237</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Lakeland, FL</b>		City & State <b>Highland City, FL</b>		4. FEI Number <b>51-0593662</b>	
Zip <b>33812</b>		Country <b>Polk</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33812</b>		Country <b>Polk</b>		6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent			Name		
MARTIN, E. SNOW JR 200 LAKE MORTON DRIVE LAKELAND, FL 33801			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOFTIN, WILLIAM H	NAME	William H. Loftin		
STREET ADDRESS	5371 US 98 SOUTH	STREET ADDRESS	5371 U.S. Hwy. 98 South		
CITY-ST-ZIP	HIGHLAND CITY, FL 33846	CITY-ST-ZIP	Lakeland, FL 33812		
TITLE	DV <input type="checkbox"/> Delete	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROGERS, OSCAR W JR	NAME	Oscar W. Rogers Jr.		
STREET ADDRESS	5431 US 98 SOUTH	STREET ADDRESS	5431 U.S. Hwy 98 South		
CITY-ST-ZIP	HIGHLAND CITY, FL 33846	CITY-ST-ZIP	Lakeland, FL 33812		
TITLE	DST <input type="checkbox"/> Delete	TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROGERS, C. DANE	NAME	C. Dane Rogers		
STREET ADDRESS	5431 US 98 SOUTH	STREET ADDRESS	5431 U.S. Hwy. 98 South		
CITY-ST-ZIP	HIGHLAND CITY, FL 33846	CITY-ST-ZIP	Lakeland, FL 33812		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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.					
<b>SIGNATURE:</b> 		<b>Secretary, C. DANE ROGERS</b>		<b>1/29/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	
				<b>863-646-5187</b>	

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