

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90038 013 \*\*\*\*61.25

**DOCUMENT # N06000007683**  
 1. Entity Name  
**OAKFORD ESTATES PHASE TWO PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
 5431 US HWY 98 SOUTH  
 LAKELAND, FL 33812

Mailing Address  
 PO BOX 237  
 HIGHLAND CITY, FL 33846

**DO NOT WRITE IN THIS SPACE**



01192008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 51-0593662

Applied For  
 Not Applicable

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

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>LOFTIN, WILLIAM H<br>5371 US HWY 98 SOUTH<br>HIGHLAND CITY, FL 33846  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>ROGERS, OSCAR W JR<br>5431 US HWY 98 SOUTH<br>HIGHLAND CITY, FL 33846 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>ROGERS, C. DANE<br>5431 US HWY 98 SOUTH<br>LAKELAND, FL 33812        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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:** **C. Dane Rogers** **1/21/08** **863-646-5187**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #