

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007683

FILED  
Jan 15, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5431 US HWY 98 SOUTH  
LAKELAND, FL 33812

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 237  
HIGHLAND CITY, FL 33846

**New Mailing Address:**

FEI Number: 51-0593662      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MARTIN, E. SNOW JR  
200 LAKE MORTON DRIVE  
LAKELAND, FL 33801      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: LOFTIN, WILLIAM H  
Address: 5371 US HWY 98 SOUTH  
City-St-Zip: HIGHLAND CITY, FL 33846

Title: DV      ( ) Delete  
Name: ROGERS, OSCAR W JR  
Address: 5431 US HWY 98 SOUTH  
City-St-Zip: HIGHLAND CITY, FL 33846

Title: DST      ( ) Delete  
Name: ROGERS, C. DANE  
Address: 5431 US HWY 98 SOUTH  
City-St-Zip: LAKELAND, FL 33812

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

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

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

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

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: C. DANE ROGERS

Electronic Signature of Signing Officer or Director

DST

01/15/2009

Date