



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-01-2007 90029 016 ****61.25

DOCUMENT # N06000003791					
1. Entity Name HARTFORD ESTATES PHASE TWO PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 200 LAKE MORTON DRIVE LAKELAND, FL 33801			Mailing Address 200 LAKE MORTON DRIVE LAKELAND, FL 33801		
2. Principal Place of Business - No P.O. Box # 5431 U.S. Hwy 98 S Suite, Apt. #, etc.		3. Mailing Address P.O. Box 237 Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State Highland City, FL		4. FEI Number 51-0573814	
Zip 33812		Country Polk		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, E SNOW JR. 200 LAKE MORTON DRIVE LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME LOFTIN, WILLIAM H STREET ADDRESS 5371 U.S. 98 SOUTH CITY-ST-ZIP HIGHLAND CITY, FL 33846	<input type="checkbox"/> Delete		TITLE PD NAME William H. Loftin STREET ADDRESS 5371 U.S. Hwy. 98 S CITY-ST-ZIP Lakeland, FL 33812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME ROGERS, OSCAR W JR. STREET ADDRESS 5371 U.S. 98 SOUTH CITY-ST-ZIP HIGHLAND CITY, FL 33846	<input type="checkbox"/> Delete		TITLE VPD NAME Oscar W. Rogers Jr. STREET ADDRESS 5431 U.S. Hwy. 98 S CITY-ST-ZIP Lakeland, FL 33812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME ROGERS, C DANE STREET ADDRESS 5371 U.S. 98 SOUTH CITY-ST-ZIP HIGHLAND CITY, FL 33846	<input type="checkbox"/> Delete		TITLE STD NAME C. Dane Rogers STREET ADDRESS 5431 U.S. 98 S CITY-ST-ZIP Lakeland, FL 33812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>C. Dane Rogers</i> Secretary, C. DANE ROGERS			1/29/07 863-646-5187		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		