


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000004344	
1. Entity Name <b>STAFFORD OAK TRAILS PROPERTY OWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>PO BOX 91 WILLISTON, FL 32696</b>	Mailing Address <b>PO BOX 91 WILLISTON, FL 32696</b>
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DO NOT WRITE IN THIS SPACE



02242008 No Chg-NP CR2E037 (11/05)

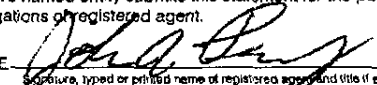
4. FEI Number <b>59-3655771</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PENNEY, JOHN  
791 SE 165 TH AVE  
MORRISTON, FL 32668**

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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:  John Penney 2-27-06

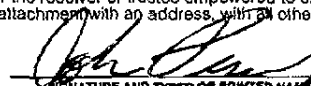
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>03/11/06-80024-007 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNALLY, WILLIAM J 9006 ALDWYCH CT ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EGALITE, GEORGE PO BOX 691 WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PENNEY, JOHN 791 165TH AVE SE MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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:  John Penney 2-27-06 352-528-4262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone