

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

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000004344

1. Entity Name
**STAFFORD OAK TRAILS PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business

**PO BOX 91
WILLISTON, FL 32696**

Mailing Address

**PO BOX 91
WILLISTON, FL 32696**

DO NOT WRITE IN THIS SPACE



03062007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3655771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCNALLY, WILLIAM J
STREET ADDRESS	9006 ALDWYCH CT
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	VD
NAME	EGALITE, GEORGE
STREET ADDRESS	PO BOX 691
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	STD
NAME	PENNEY, JOHN
STREET ADDRESS	791 165TH AVE SE
CITY-ST-ZIP	MORRISTON, FL 32668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/07/07-80017-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07

Date

352-528-9262

Daytime Phone #