

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

FILED
Apr 21, 2008 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



02072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FET Number 59-3655771	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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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**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000913849
05/08/08-80031-024 61:25

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

John Penney
John Penney

4-23-08

Date

352-528-9262

Daytime Phone #