2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State
01-24-2008 90038 013 ****61.25

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

Principal Place of Business	Mailing Address
5431 US HWY 98 SOUTH LAKELAND, FL 33812	PO BOX 237 HIGHLAND CITY, FL 33846

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01192008 No Chg-NP CR2E037 (4/06)

4. FEI Number
51-0593662
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LOFTIN, WILLIAM H
STREET ADDRESS	5371 US HWY 98 SOUTH
CITY-ST-ZIP	HIGHLAND CITY, FL 33846
TITLE	DV
NAME	ROGERS, OSCAR W JR
STREET ADDRESS	5431 US HWY 98 SOUTH
CITY-ST-ZIP	HIGHLAND CITY, FL 33846
TITLE	DST
NAME	ROGERS, C. DANE
STREET ADDRESS	5431 US HWY 98 SOUTH
CITY-ST-ZIP	LAKELAND, FL 33812
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: _____ C. Dane Rogers 1/21/08 863-646-5187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #