

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90101 036 ****61.25

DOCUMENT # N93000004162

1. Corporation Name

OLDFIELD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

6034 CANOPY OAKS CT
NEW PORT RICHEY, FL 34653

Mailing Address

6034 CANOPY OAKS CT
NEW PORT RICHEY, FL 34653



2. Principal Place of Business

21 6130 CANOPY OAKS CT

2a. Mailing Address

26 6130 CANOPY OAKS CT

3. Date Incorporated or Qualified

09/15/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

23 NEW PORT RICHEY FL

City & State

28 NEW PORT RICHEY FLA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

24 34653

25 USA

Zip

Country

29 34653

30 USA

6. Election Campaign Financing

☐

Trust-Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PUIDA, MARILYN
6034 CANOPY OAKS CT.
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name WILLIAM F. TAYLOR
82 Street Address (P.O. Box Number is Not Acceptable)
6130 CANOPY OAKS CT.
83
84 City NEW PORT RICHEY FL 85 Zip Code 34653

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	PUIDA, MARILYN	6034 CANOPY OAKS CT.	NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/>
VD	TAYLOR, BILL	6130 CANOPY OAKS CT.	NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/>
TST	HANLON, MARIE	6041 CANOPY OAKS CT.	NEW PORT RICHEY FL 34653	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	WILLIAM F. TAYLOR	6130 CANOPY OAKS CT.	NEW PORT RICHEY FL 34653	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	DE LUCA, FRANK	6130 CANOPY OAKS CT.	NEW PORT RICHEY FL 34653	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM F. TAYLOR
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/99

Date

Daytime Phone #

(727)

844-5450

CR2E037 (11/98)

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