


2004-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000004162	
1. Entity Name OLDFIELD HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 6130 CANOPY OAK CT NEW PORT RICHEY, FL 34653	Mailing Address 6130 CANOPY OAK CT NEW PORT RICHEY, FL 34653
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01232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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 TAYLOR, WILLIAM F 6130 CANOPY OAKS CT NEW PORT RICHEY, FL 34653

**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, 2004**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE PD	NAME TAYLOR, WILLIAM F
STREET ADDRESS 6130 CANOPY OAKS CT	CITY-ST-ZIP NEW PORT RICHEY, FL 34653
TITLE VD	NAME TAYLOR, WILLIAM F
STREET ADDRESS 6130 CANOPY OAKS CT.	CITY-ST-ZIP NEW PORT RICHEY, FL 34653
TITLE TST	NAME TAYLOR, WILLIAM F
STREET ADDRESS 6130 CANOPY OAKS COURT	CITY-ST-ZIP NEW PORT RICHEY, FL 34653
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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04/21/04-80027-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

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

4/15/04
Date

7278445450
Daytime Phone #