

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000004162

1. Entity Name
OLDFIELD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**6130 CANORY OAK CT
NEW PORT RICHEY, FL 34653**

Mailing Address
**6130 CANORY OAK CT
NEW PORT RICHEY, FL 34653**



01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	

U00000360538
05/05/05-80035-012 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William F Taylor

APR 28 05

727 844 5450