

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90035 032 ****61.25

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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**

40031213



01202006 No Chg-NP CR2E037 (11/05)

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TAYLOR, WILLIAM F
6130 CANOPY OAKS CT
NEW PORT RICHEY, FL 34653**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TAYLOR, WILLIAM F
6130 CANOPY OAKS CT.
NEW PORT RICHEY, FL 34653**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TST
TAYLOR, WILLIAM F
6130 CANOPY OAKS COURT
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

**DO NOT WRITE
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: WILLIAM F. TAYLOR *William F Taylor* Mar 10, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #