

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002461

FILED
Apr 17, 2009
Secretary of State

Entity Name: LOFTON OAKS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

463499 STATE ROAD 200
YULEE, FL 32097 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1987
YULEE, FL 320411987 US

New Mailing Address:

PO BOX 1987
YULEE, FL 32041 US

FEI Number: 59-3240609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POPROPERTY MANAGEMENT SYSTEMS INC
463499 STATE ROAD 200
YULEE, FL 32097 US

Name and Address of New Registered Agent:

PROPERTY MANAGEMENT SYSTEMS INC
463499 STATE ROAD 200
YULEE, FL 32097 US

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.

SIGNATURE: SCOTT STEFFEN

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARRIS, SARAH
Address: 86007 SANTA BARBARA STREET
City-St-Zip: YULEE, FL 32097 US

Title: STD () Delete
Name: HATFIELD, TAMMY
Address: 86176 SANTA BARBARA STREET
City-St-Zip: YULEE, FL 32097 US

Title: VPD (X) Delete
Name: DAVIS, TRACY P
Address: 85258 ST THOMAS STREET
City-St-Zip: YULEE, FL 32097 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: DAVIS, TRACEY
Address: P O BOX 1987
City-St-Zip: YULEE, FL 32041 US

Title: STD (X) Change () Addition
Name: HATFIELD, TAMMY
Address: P O BOX 1987
City-St-Zip: YULEE, FL 32041 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT STEFFEN

RA

04/17/2009

Electronic Signature of Signing Officer or Director

Date