


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90431 023 ****61.25

DOCUMENT # *N25584*

1. Entity Name
Oakfair Farms Property Owners Association, Inc.



DO NOT WRITE IN THIS SPACE

94064423

2. Principal Place of Business
2410 LAKEfair Dr.

3. Mailing Address
2410 LAKEfair Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32317

Country
Leon

Zip
32317

Country
Leon

4. FEI Number
59-3133861

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DALLAS C. WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)
2410 LAKEfair Dr

City
Tallahassee

FL Zip Code
32317

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 *DALLAS C. WILLIAMS* *Dallas C. Williams*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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	<i>P</i> <i>Vogias, Christopher</i> <i>2533 LAKEfair Dr</i> <i>Tallahassee, FL 32317</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> <i>Ricky Futch</i> <i>9236 Oakfair Dr</i> <i>Tallahassee, FL 32317</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S</i> <i>Joyce Fisher</i> <i>2562 LAKEfair Dr</i> <i>Tallahassee, FL 32317</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DALLAS C. WILLIAMS</i> <i>2410 LAKEfair Dr</i> <i>Tallahassee, FL 32317</i>
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 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dallas C. Williams* *4-23-04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)