


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # N25584 1. Entity Name OAKFAIR FARMS PROPERTY OWNER ASSOCIATION, INC.	
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Principal Place of Business 2410 LAKEFAIR DR TALLAHASSEE FL 32317	Mailing Address 2410 LAKEFAIR DR TALLAHASSEE FL 32317
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3133861	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WILLIAMS, DALLAS C 2410 LAKEFAIR DR TALLAHASSEE FL 32317

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	VOGIAS, CHRISTOPHER
STREET ADDRESS	2533 LAKEFAIR DR
CITY - ST - ZIP	TALLAHASSEE FL 32317
TITLE	VP <input type="checkbox"/> Delete
NAME	FUTCH, RICKY
STREET ADDRESS	9336 OAKFAIR DR
CITY - ST - ZIP	TALLAHASSEE FL 32317
TITLE	S <input type="checkbox"/> Delete
NAME	FISHER, JOYCE
STREET ADDRESS	2562 LAKEFAIR DR
CITY - ST - ZIP	TALLAHASSEE FL 32317
TITLE	T <input type="checkbox"/> Delete
NAME	WILLIAMS, DALLAS C
STREET ADDRESS	2410 LAKEFAIR DR
CITY - ST - ZIP	TALLAHASSEE FL 32317
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000361344
STREET ADDRESS	05/05/05-80071-023 61.25
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dallas C. Williams 4-28-05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR