

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90013 009 ****61.25

DOCUMENT # N25584
 1. Entity Name
OAKFAIR FARMS PROPERTY OWNER ASSOCIATION, INC.



Principal Place of Business Mailing Address
2410 LAKEFAIR DR TALLAHASSEE FL 32317 **2410 LAKEFAIR DR TALLAHASSEE FL 32317**



2. Principal Place of Business - No P.O. Box #
2500 Lakefair Drive
 Suite, Apt. #, etc.

3. Mailing Address
2500 Lakefair Drive
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State **Tallahassee FL** City & State **Tallahassee FL**
 Zip **32317-6800** Country **USA** Zip **32317-6800** Country **USA**

4. FEI Number **59-3133861** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ROMAN, EDWIN
2500 LAKEFAIR DRIVE
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 registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE **Edwin Roman** *Edwin Roman* **01-25-2008**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent signature required when registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to:
Florida Department of State

| 10. OFFICERS AND DIRECTORS | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FISHER, JOYCE 2562 LAKEFAIR DR TALLAHASSEE FL 32317 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GARLAND, MARVIN 9105 OAKFAIR DRIVE TALLAHASSEE FL 32317 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BARLOW, SANDY 2583 LAKEFAIR DR TALLAHASSEE FL 32317 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROMAN, EDWIN 2500 LAKEFAIR DR TALLAHASSEE FL 32317 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M CAMPBELL, ROSE 9701 OAKFAIR DRIVE TALLAHASSEE FL 32317 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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

No change

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Edwin Roman** *Edwin Roman* **01-25-2008** **(850)656-3900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR