

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25584

FILED
Jan 11, 2009
Secretary of State

Entity Name: OAKFAIR FARMS PROPERTY OWNER ASSOCIATION, INC.

Current Principal Place of Business:

2500 LAKEFAIR DRIVE
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

2500 LAKEFAIR DRIVE
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3133861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMAN, EDWIN
2500 LAKEFAIR DRIVE
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FISHER, JOYCE
Address: 2562 LAKEFAIR DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP () Delete
Name: GARLAND, MARVIN
Address: 9105 OAKFAIR DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: S () Delete
Name: BARLOW, SANDY
Address: 2583 LAKEFAIR DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: T () Delete
Name: ROMAN, EDWIN
Address: 2500 LAKEFAIR DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: M () Delete
Name: CAMPBELL, ROSE
Address: 9701 OAKFAIR DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: EDWIN ROMAN

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01/11/2009

Electronic Signature of Signing Officer or Director

Date