

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25584 (6)
1. Corporation Name
OAKFAIR FARMS PROPERTY OWNER ASSOCIATION, INC.



Principal Place of Business Mailing Address
% JOSEPH T. SCHENCK
2430 LAKEFAIR DR.
TALLAHASSEE FL 32311

3. Date Incorporated or Qualified **03/24/1988** 3a. Date of Last Report **03/27/1995**
4. FEI Number **59-3133861** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
SCHENCK, JOSEPH T
2430 LAKEFAIR DR.
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHELL, LISA	
STREET ADDRESS	9247 OAKFAIR DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KELLEY, LARRY	
STREET ADDRESS	9105 OAKFAIR DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHENCK, JOSEPH T.	
STREET ADDRESS	2430 LAKEFAIR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BARLOW, LARRY	
STREET ADDRESS	2583 LAKEFAIR DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VICE PRES	<input type="checkbox"/> DELETE
NAME	ROLLINS, DAVE	Change
STREET ADDRESS	9110 OAKFAIR DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LIGHTFOOT, JEFF	
STREET ADDRESS	9251 OAKFAIR DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charles C. Perry	
1.3 STREET ADDRESS	9230 Oakfair Dr.	
1.4 CITY-ST-ZIP	Tallahassee FL 32311	
2.1 TITLE	Brian D Fisher	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Brian D Fisher	
2.3 STREET ADDRESS	2562 Lakefair Dr.	
2.4 CITY-ST-ZIP	Tallahassee FL 32311	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tracy S. Lightfoot	
3.3 STREET ADDRESS	9251 Oakfair Dr.	
3.4 CITY-ST-ZIP	Tallahassee FL 32311	
4.1 TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lawson "Bud" Clements	
4.3 STREET ADDRESS	9123 Oakfair Dr.	
4.4 CITY-ST-ZIP	Tallahassee FL 32311	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	700001746087	
5.4 CITY-ST-ZIP	-03/16/96--01002--005	
6.1 TITLE	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Tracy S. Lightfoot* **2-14-96** **942-4458-H**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Tracy S. Lightfoot** **671-0678-62**

CR2E037 (12/95)