

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 13 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business <b>% JOSEPH T. SCHENCK          2430 LAKEFAIR DR.          TALLAHASSEE FL 32311</b>	Mailing Address <b>% JOSEPH T. SCHENCK          2430 LAKEFAIR DR.          TALLAHASSEE FL 32311</b>
--	--

3. Date Incorporated or Qualified <b>03/24/1988</b>	
4. FEI Number <b>59-3133861</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

**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**

<b>81</b> Name		
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)		
<b>83</b>		
<b>84</b> City	<b>FL</b>	<b>85</b> 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 reappointing) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SHELL, LISA</b>
STREET ADDRESS	<b>9247 OAKFAIR DR.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FISHER, BRIAN</b>
STREET ADDRESS	<b>2562 LAKEFAIR DR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCHENCK, JOSEPH T.</b>
STREET ADDRESS	<b>2430 LAKEFAIR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>PERRY, CHARLES C</b>
STREET ADDRESS	<b>9230 OAKFAIR DR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>ROLLINS, DAVE</b>
STREET ADDRESS	<b>9110 OAKFAIR DR.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>LIGHTFOOT, TRACY S</b>
STREET ADDRESS	<b>9251 OAKFAIR DR.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Joseph T. Schenck* **1-6-98** **(work)** **1071-0178**

CR2E037 (1097)