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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N25584

1. Corporation Name
OAKFAIR FARMS PROPERTY OWNER ASSOCIATION, INC.

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 9251 OAKFAIR DR	03/24/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3133861
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28 TALLAHASSEE FL	\$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing <input type="checkbox"/>
24	29 32311	Trust Fund Contribution <input type="checkbox"/>
Country	Country	\$5.00 May Be Added to Fees
25	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHENCK, JOSEPH T 2430 LAKEFAIR DR. TALLAHASSEE FL 32311	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SCHELL, LISA	1.1 TITLE	Christopher Vogias - Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9247 OAKFAIR DR.	1.2 NAME	2533 Lakefair Dr.
STREET ADDRESS	TALLAHASSEE FL	1.3 STREET ADDRESS	Tallahassee FL 32311
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D FISHER, BRIAN	2.1 TITLE	Vice Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2562 LAKEFAIR DR	2.2 NAME	FRANK Feliciano
STREET ADDRESS	TALLAHASSEE FL 32311	2.3 STREET ADDRESS	Lakefair Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tallahassee FL 32311
TITLE	D SCHENCK, JOSEPH T.	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2430 LAKEFAIR	3.2 NAME	Wilbert Campbell
STREET ADDRESS	TALLAHASSEE FL	3.3 STREET ADDRESS	9071 oakfair Dr
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tallahassee FL 32311
TITLE	P PERRY, CHARLES C	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9230 OAKFAIR DR	4.2 NAME	
STREET ADDRESS	TALLAHASSEE FL 32311	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V ROLLINS, DAVE	5.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9110 OAKFAIR DR.	5.2 NAME	
STREET ADDRESS	TALLAHASSEE FL 32311	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T LIGHTFOOT, TRACY S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9251 OAKFAIR DR.	6.2 NAME	
STREET ADDRESS	TALLAHASSEE FL 32311	6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Tracy S. Lightfoot 3-5-99 671-0678
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)