

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90171 008 ****61.25

DOCUMENT # N25584

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



Principal Place of Business Mailing Address

2500 LAKEFAIR DRIVE **2500 LAKEFAIR DRIVE**
TALLAHASSEE FL 32317 **TALLAHASSEE FL 32317**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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 or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$81.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, RAY	NAME	
STREET ADDRESS	9226 OAK FAIR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DALLAS	NAME	
STREET ADDRESS	2410 LAKEFAIR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARLAND, MARVIN	NAME	
STREET ADDRESS	9105 LAKEFAIR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN, EDWIN	NAME	
STREET ADDRESS	2500 LAKEFAIR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDER, FREDERICK	NAME	
STREET ADDRESS	2547 LAKEFAIR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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** 1-30-03 (P50) 656-3900

CR2E037 (10/02)