

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:22

DOCUMENT # N35441 (7)
1. Corporation Name

OAKFIELD ACRES OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
ROUTE 2, BOX 430-K ROUTE 2, BOX 430-K
LAKE CITY FL 32024 LAKE CITY FL 32024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/27/1989 3a. Date of Last Report 03/09/1994
4. FEI Number 59-2988732 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. 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 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

SHAW, IDA MAE
RT. 2, BOX 430-K
LAKE CITY FL 32024

10. Name and Address of Now 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PTD SHAW, IDA MAE RT. 2, BOX 430-K LAKE CITY FL 32055
VD HEATH, FREEMAN A RT. 2, BOX 430-C LAKE CITY FL 32055
SD PARSON, ANNIE A RT. 2, BOX 430-K LAKE CITY FL 32055

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PTD Change Addition
1.2 NAME Shaw, Ida Mae
1.3 STREET ADDRESS Rt. 2, Box 430-K
1.4 CITY-ST-ZIP LAKE CITY, FL 32024
2.1 TITLE VD Change Addition
2.2 NAME Heath, Freeman A
2.3 STREET ADDRESS Rt. 2, Box 430-C
2.4 CITY-ST-ZIP LAKE CITY, FL 32024
3.1 TITLE SD Change Addition
3.2 NAME Parson, Annie A
3.3 STREET ADDRESS Rt. 2, Box 430-K
3.4 CITY-ST-ZIP LAKE CITY, FL 32024
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 110.07(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: Ida Mae Shaw

2-7-95 9047587916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #