

FILE NOW: FILING FEE IS \$61.25

**APPROVED
AND
FILED**

1997 SEP 25 PM 12: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N94000003644(1)*

1. Corporation Name
Oakfair Plantation Homeowners Assoc, Inc

Principal Place of Business <i>2030 Thomasville Rd, Suite 3B Tallahassee, Fl. 32312</i>	Mailing Address <i>P.O. Box 12845 Tallahassee, Fl. 32317</i>
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2. Principal Place of Business 21 <i>Rejmay Professional</i>	2a. Mailing Address 26 <i>P.O. Box 12845</i>
22 <i>2030 Thomasville Rd-3B</i>	27 <i>Tallahassee, Fl.</i>
23 <i>Tallahassee, Fl.</i>	28 <i>Tallahassee, Fl.</i>
24 <i>32312</i>	25 <i>Leon</i>
29 <i>32317</i>	30 <i>Leon</i>

3. Date Incorporated or Qualified <i>7-22-94</i>	3a. Date of Last Report <i>2-26-96</i>
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Net Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

*PD
Roger R. Newton
5833 Front Beach Rd
Panama City Beach, Fl. 32407*

10. Name and Address of New Registered Agent

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
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	<i>PD</i>	<input type="checkbox"/> DELETE
NAME	<i>Newton, Roger R.</i>	
STREET ADDRESS	<i>5833 Front Beach Rd</i>	
CITY-ST-ZIP	<i>Panama City Beach, Fl 32407</i>	
TITLE	<i>STD</i>	<input type="checkbox"/> DELETE
NAME	<i>Slaughter, Barbara</i>	
STREET ADDRESS	<i>2030 Thomasville Rd, Suite 3B</i>	
CITY-ST-ZIP	<i>Tallahassee, Fl 32312</i>	
TITLE	<i>D</i>	<input type="checkbox"/> DELETE
NAME	<i>George Sandy</i>	
STREET ADDRESS	<i>1109 Western Dr.</i>	
CITY-ST-ZIP	<i>Tallahassee, Fl. 32312</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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9/25/97

14. I do 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: *Barbara A. Slaughter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA A. SLAUGHTER

9/25/97 **599-5450**

Date Daytime Phone #

CR2E037 (9/96)