

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000003644 (1)

1. Corporation Name

OAKFAIR PLANTATION HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~4. REMAX PROFESSIONAL~~
~~2030 THOMASVILLE RD. - 3B~~
~~TALLAHASSEE FL 32312~~

~~P.O. BOX 12849~~
~~TALLAHASSEE FL 32312~~

2. Principal Place of Business

OAKFAIR PLANTATION

2a. Mailing Address

9106 SEAFAIR LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 CORNER OF CHAIRS & 90

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

Zip Country

Zip Country

24 25 29 30 32311

9. Name and Address of Current Registered Agent

NEWTON, ROGER R
8833 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

3. Date Incorporated or Qualified

07/22/1994

4. FEI Number

NOT APPLICABLE

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

DOUG DARLING

82 Street Address (P.O. Box Number is Not Acceptable)

2639 STREETFAIR LANE

83

84 City

TALLAHASSEE

FL

85 Zip Code

32311

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

4/28/98

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME NEWTON, ROGER R
STREET ADDRESS 8833 FRONT BEACH RD
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

TITLE STD ☒ DELETE

NAME SLAUGHTER, BARBARA
STREET ADDRESS 2030 THOMASVILLE RD., 3B
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☒ DELETE

NAME SANDY, GEORGE
STREET ADDRESS 1109 WISTERIA DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME DARLING, DOUG
1.3 STREET ADDRESS 2639 STREETFAIR LANE
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32311

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME NOTMAN, ROBERT
2.3 STREET ADDRESS 2630 STREETFAIR LANE
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32311

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME ALSTON, BEA
3.3 STREET ADDRESS 9115 SEAFAIR LANE
3.4 CITY-ST-ZIP TALLAHASSEE, FL 32311

4.1 TITLE TD ☒ Change ☐ Addition

4.2 NAME PAYTON, LAURA
4.3 STREET ADDRESS 9106 SEAFAIR LANE
4.4 CITY-ST-ZIP TALLAHASSEE, FL 32311

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 600002517306-9
5.3 STREET ADDRESS -05/08/98--01088--001
5.4 CITY-ST-ZIP *****61.25 *****61.25

6.1 TITLE ☐ Change ☐ 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:

[Signature]

[Signature]

4/28/98

880-488-3066

CR2E037 (10/97)