

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N94000003644**

FILED

01 JAN 17 PM 12:41



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Entity Name <b>OAKFAIR PLANTATION HOMEOWNERS' ASSOCIATION, INC.</b>		Principal Place of Business <b>CORNER OF CHAIRS CROSS ROAD AND HWY 90 TALLAHASSEE FL 32311</b>		Mailing Address <b>9106 SEAFAIR LANE TALLAHASSEE FL 32311</b>	
2. Principal Place of Business		3. Mailing Address <b>9098 Seafair Lane</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DARLING, DOUG 2639 STREETFAIR LANE TALLAHASSEE FL 32311</b>			7. Name and Address of New Registered Agent Name <b>Erven, Amy</b> Street Address (P.O. Box Number is Not Acceptable) <b>9097 Seafair Lane</b> City <b>Tallahassee</b> FL Zip Code <b>32311</b>		

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.

SIGNATURE *Amy Erven* **Amy Erven, President** 1/2/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>President (PD)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DARLING, DOUG</b>		NAME <b>Amy Erven</b>	
STREET ADDRESS <b>2639 STREETFAIR LN</b>		STREET ADDRESS <b>9097 Seafair Lane</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL 32311</b>		CITY-ST-ZIP <b>Tallahassee, FL 32311</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete	TITLE <b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NOTMAN, ROBERT</b>		NAME <b>Notman, Robert</b>	
STREET ADDRESS <b>2630 STREETFAIR LN.</b>		STREET ADDRESS <b>2630 Streetfair Lane</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL 32311</b>		CITY-ST-ZIP <b>Tallahassee, FL 32311</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Secretary (SD)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALSTON, BEA</b>		NAME <b>Cindy B. Brie</b>	
STREET ADDRESS <b>9115 SEAFAIR LN</b>		STREET ADDRESS <b>9105 Copperfair Lane</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL 32311</b>		CITY-ST-ZIP <b>Tallahassee, FL 32311</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Treasurer (TD)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PAYTON, LAURA</b>		NAME <b>Sheila White</b>	
STREET ADDRESS <b>9106 SEAFAIR LN</b>		STREET ADDRESS <b>9098 Seafair Lane</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL 32311</b>		CITY-ST-ZIP <b>Tallahassee, FL 32311</b>	
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	
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: *Amy Erven* **Amy Erven** 1/2/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)