

**2002 UNIFORM BUSINESS REPORT (UBR)**

2

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90022 012 \*\*\*\*61.25

**DOCUMENT # N94000003644**  
 1. Entity Name  
**OAKFAIR PLANTATION HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business <b>CORNER OF CHAIRS CROSS ROAD AND HWY 90 TALLAHASSEE FL 32311</b>	Mailing Address <b>9098 SEFAIR LANE TALLAHASSEE FL 32311</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32317</b>	Country	Zip <b>32317</b>	Country
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**ERVEN, AMY**  
**9097 SEFAIR LANE**  
**TALLAHASSEE FL 32311**

**7. Name and Address of New Registered Agent**  
 Name **David Knight**  
 Street Address (P.O. Box Number is Not Acceptable) **2643 Street fair Lane**  
 City **Tallahassee** FL Zip Code **32317**

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:  **David Knight - President** 1/10/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ERVEN, DOUG 9097 SEFAIR LANE TALLAHASSEE FL 32311</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD NOTMAN, ROBERT 2830 STREETFAIR LN TALLAHASSEE FL 32311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BIGBIE, CINDY 9105 COPPERFAIR LANE TALLAHASSEE FL 32311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WHITE, SHEILA 9098 SEFAIR LANE TALLAHASSEE FL 32311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Knight, David 2643 Street fair Lane Tallahassee FL 32317</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Rosenau, Robert 2634 Street fair Lane Tallahassee, FL 32317</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Dick, Cindy 9099 Copper fair Lane Tallahassee, FL 32317</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 officers empowered.

SIGNATURE:  **David Knight** 1/10/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)