


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90080 025 ****61.25

DOCUMENT # **N94000003644**

1. Entity Name
OAKFAIR PLANTATION HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

**CORNER OF CHAIRS CROSS ROAD AND HWY 90
TALLAHASSEE FL 32311** **9098 SEAFAIR LANE
TALLAHASSEE FL 32317**

90017575



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ERVEN, AMY
9097 SEAFAIR LANE
TALLAHASSEE FL 32311**

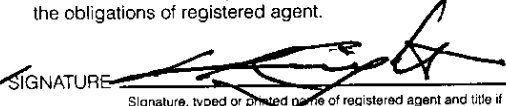
7. Name and Address of New Registered Agent

Name **Knight, David**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **David Knight, President** DATE **2/1/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW: FEE IS \$61.25 **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KNIGHT, DAVID	
STREET ADDRESS	2643 STREET FAIR LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NOTMAN, ROBERT	
STREET ADDRESS	2634 STREETFAIR LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DICK, CINDY	
STREET ADDRESS	9099 COPPERFAIR LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHITE, SHEILA	
STREET ADDRESS	9098 SEAFAIR LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Rosenau - D	
STREET ADDRESS	2634 Street Fair Lane	
CITY-ST-ZIP	Tallahassee, FL 32317	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Sackreiter - D	
STREET ADDRESS	9114 Seafair Lane	
CITY-ST-ZIP	Tallahassee, FL 32317	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  **REQUIRED** DATE **2/1/03** **(850) 219-9398**

CR2E037 (10/02)