

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003644

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC9937603918**

**Entity Name:** OAKFAIR PLANTATION HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

CORNER OF CHAIRS CROSS ROAD AND HWY 90  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

9125 SEAFAIR LANE  
TALLAHASSEE, FL 32317

**FEI Number:** 59-3543197

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

TOLLEY, JAMES R  
9125 SEAFAIR LANE  
TALLAHASSEE, FL 32317 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name TOLLEY, JAMES R  
Address 9125 SEAFAIR LANE  
City-State-Zip: TALLAHASSEE FL 32317

Title TD, TREASURER  
Name KNIGHT, DAVID  
Address 2643 STREETFAIR LN.  
City-State-Zip: TALLAHASSEE FL 32317

Title SD  
Name DARLING, EILEEN  
Address 2639 STREETFAIR LN  
City-State-Zip: TALLAHASSEE FL 32317

Title AD  
Name KNILL, JEFFERY  
Address 9110 SEAFIAR LANE  
City-State-Zip: TALLAHASSEE FL 32317

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES TOLLEY

**PRESIDENT**

**04/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date