FILE NOW: FILING FEE IS $61.25

FILED
May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N35441 (7)

1. Corporation Name
OAKFIELD ACRES OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ROUTE 2. BOX 430-K LAKE CITY FL 32024	ROUTE 2. BOX 430-K LAKE CITY FL 32024

3. Date Incorporated or Qualified: 11/27/1989

4. FEI Number: 59-2983732 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHAW, IDA MAE
RT 14, BOX 24311
LAKE CITY FL 32024

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	SHAW, IDA MAE		1.2 NAME	SHAW Ida Mae	
STREET ADDRESS	RT. 2, BOX 430-K		1.3 STREET ADDRESS	Rt 14 Box 24311	
CITY-ST-ZIP	LAKE CITY FL		1.4 CITY-ST-ZIP	Lake City 32024	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	HEATH, FREEMAN A		2.2 NAME	Heath Freeman A	
STREET ADDRESS	RT. 2, BOX 430-C		2.3 STREET ADDRESS	R2 Box 430C	
CITY-ST-ZIP	LAKE CITY FL		2.4 CITY-ST-ZIP	Lake City Fla 32025	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	PARSON, ANNIE A		3.2 NAME	Parson Annie A	
STREET ADDRESS	RT. 2, BOX 430-K		3.3 STREET ADDRESS	RT 14 Box 24311	
CITY-ST-ZIP	LAKE CITY FL		3.4 CITY-ST-ZIP	Lake City Fl 32024	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Ida Mae Shaw 5-20-98 904-755-6571