

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90025 009 \*\*\*\*80.00

**DOCUMENT # N94000003644**

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



Principal Place of Business

**CORNER OF CHAIRS CROSS ROAD AND HWY 90  
TALLAHASSEE, FL 32311**

Mailing Address

**9130 SEAFAIR LN.  
TALLAHASSEE, FL 32317**

**DO NOT WRITE IN THIS SPACE**



03062006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-3543197**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MORRIS, ROBERT R  
9134 SEAFAIR LANE  
TALLAHASSEE, FL 32317**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MORRIS, ROBERT R  
STREET ADDRESS 9134 SEAFAIR LN.  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE VD  
NAME CORAM, PHIL  
STREET ADDRESS 9137 SEAFAIR LN.  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE SD  
NAME PAYTON, RUSSELL  
STREET ADDRESS 9106 SEAFAIR LN.  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Robert R. Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/9/06*

Date

*544-2824*

Daytime Phone #