

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720896 (0)

1. Corporation Name

LAFAYETTE OAKS HOMES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5306 TOURAINE DRIVE
TALLAHASSEE FL 32308

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TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/07/1971** 3a. Date of Last Report **02/14/1994**

4. Fil Number **23-7119200** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUNDERHAUS, CAROL
2203 BOURGOGNE DR
TALLAHASSEE FL 32308**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Carol Sunderhaus **CAROL SUNDERHAUS** **4-2-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, WES	1.2 NAME	
STREET ADDRESS	2055 CHAMPAGNE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURINGTON, JERRY	2.2 NAME	Susanne Gusick
STREET ADDRESS	2122 LAROCHELLE DRIVE	2.3 STREET ADDRESS	2114 LaRochelle Dr.
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESSIONS, LARRY	3.2 NAME	
STREET ADDRESS	2312 NAPOLEON BONAPARTE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, MARCIA	4.2 NAME	Quinn, Marty
STREET ADDRESS	2344 TOUR EFFEL DRIVE	4.3 STREET ADDRESS	5703 Verlaine Ct.
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	PD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKLAND, LARRY	5.2 NAME	Hunt, Scott
STREET ADDRESS	2301 BOURGOGNE DR	5.3 STREET ADDRESS	2212 Napoleon Bonaparte
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANA, STEVE	6.2 NAME	
STREET ADDRESS	2324 BOURGOGNE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a 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: Steve Dana **LOHA Treasurer** **4-12-95** **104-487-2307**
Signature and typed or printed name of signing officer or director. (Date) (Daytime Phone #)