

FILE NOW: FILING FEE IS \$61.25

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AND
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1997 MAY -9 PM 9: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720896 (0)

1. Corporation Name
LAFAYETTE OAKS HOMES ASSOCIATION, INC.

Principal Place of Business 5306 TOURAIN DRIVE TALLAHASSEE FL 32308	Mailing Address 5306 TOURAIN DRIVE TALLAHASSEE FL 32308-5935
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3. Date Incorporated or Qualified 05/07/1971	3a. Date of Last Report 10/30/1996
4. FEI Number 23-7119200	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	LEWIS, GRAHAM
STREET ADDRESS	2212 MONACO DR
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	PORTERO, CHARLES
STREET ADDRESS	2323 NAPOLEAN BONAPARTE DR
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SESSIONS, LARRY
STREET ADDRESS	2312 NAPOLEAN BONAPARTE DR
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	FLOYD, NEAL
STREET ADDRESS	5511 TOURAIN DR
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DAVIS, BILLY
STREET ADDRESS	2404 MONACO DR
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	WOODSUM, GLENN
STREET ADDRESS	2206 BOURGOGNE DR
CITY-ST-ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SANDRA HOOD
1.3 STREET ADDRESS	2100 NAPOLEAN BONAPARTE DR
1.4 CITY-ST-ZIP	TALLAHASSEE, FL
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	200002175002--9
3.1 TITLE	-05/12/97--04100*-004 Addition
3.2 NAME	*****61.25 *****61.25
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CATHERINE KORFANTY
5.3 STREET ADDRESS	2104 NAPOLEAN BONAPARTE DR
5.4 CITY-ST-ZIP	TALLAHASSEE, FL
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: Sandra H. Hood **REQUIRED** Date: 3/18/97 Daytime Phone # 0007716

CR2E037 (9/96)