

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 09 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>5306 TOURAIN DRIVE TALLAHASSEE FL 32308</b>	Mailing Address <b>5306 TOURAIN DRIVE TALLAHASSEE FL 32308</b>
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3. Date Incorporated or Qualified <b>05/07/1971</b>		
4. FEI Number <b>23-7119200</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	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	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOOD, SANDRA</b>	
STREET ADDRESS	<b>2100 NAPOLEON BONAPARTE DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PORTERO, CHARLES</b>	
STREET ADDRESS	<b>2323 NAPOLEON BONAPARTE DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SESSIONS, LARRY</b>	
STREET ADDRESS	<b>2312 NAPOLEON BONAPARTE DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FLOYD, NEAL</b>	
STREET ADDRESS	<b>55 N TOURAIN DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KORFANTY, CATHERINE</b>	
STREET ADDRESS	<b>2104 NAPOLEON BONAPARTE DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>WOODSUM, GLENN</b>	
STREET ADDRESS	<b>2208 BOURGOGNE DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BOATRIGHT, SPESBAARD</b>	
1.3 STREET ADDRESS	<b>2400 NAPOLEON BONAPARTE DR.</b>	
1.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>	
2.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>NANCY LAUX</b>	
2.3 STREET ADDRESS	<b>2809 BOURGOGNE DR.</b>	
2.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>PD PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *[Signature]* 3/2/98 (904) 878-1310

CR2E037 (10/97)