

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 720896
 1. Corporation Name
LAFAYETTE OAKS HOMES ASSOCIATION, INC.

Principal Place of Business: **5306 TOURNAINE DRIVE TALLAHASSEE FL 32308**
 Mailing Address: **5306 TOURNAINE DRIVE TALLAHASSEE FL 32308**

99 JUN 24 11:11:58

800002918168--4
 -06/29/99--01020--001
 *****61.25 *****61.25

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/07/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7119200
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

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 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	SD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOATRIGHT, SPESSARD	1.2 NAME	
STREET ADDRESS	2400 NAPOLEON BONAPARTE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUX, NANCY	2.2 NAME	
STREET ADDRESS	2309 BOURGOGNE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SESSIONS, LARRY	3.2 NAME	RAYMAN, BRETT
STREET ADDRESS	2312 NAPOLEON BONAPARTE DR	3.3 STREET ADDRESS	5120 Ile de France
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KORFANTY, CATHERINE	4.2 NAME	ROSENVOLD, MARY
STREET ADDRESS	2104 NAPOLEON BONAPARTE DR	4.3 STREET ADDRESS	2305 BOURGOGNE DR
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODSUM, GLENN	5.2 NAME	BELYEW, LINDA
STREET ADDRESS	2206 BOURGOGNE DR	5.3 STREET ADDRESS	2348 TOUR RIFFEL
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	JENKINS, JOHN
STREET ADDRESS		6.3 STREET ADDRESS	2315 BOURGOGNE DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308

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, with all other like empowered.

SIGNATURE: Glenn Woodsum RECEIVED WOODSUM 5/1/99 644-4887

000057

CR2E037 (1/1/98)