

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90204 042 \*\*\*\*61.25

**DOCUMENT # 720896**

1. Entity Name  
**LAFAYETTE OAKS HOMES ASSOCIATION, INC.**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>23-7119200</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SUNDERHAUS, CAROL</b> <b>2203 BOURGOGNE DR</b> <b>TALLAHASSEE FL 32308</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing **\$5.00** May Be Added to Fees   
Trust Fund Contribution

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOATRIGHT, SPESSARD</b> <b>2400 NAPOLEON BONAPARTE DR</b> <b>TALLAHASSEE FL 32308</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Rayman, Brett</b> <b>5120 ILE DE FRANCE</b> <b>Tallahassee, FL 32308</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LAUX, NANCY</b> <b>2309 BOURGOGNE DRIVE</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Laux, Nancy</b> <b>2309 Bourgoigne Dr</b> <b>Tallahassee, FL 32308</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BRETT, RAYMAN</b> <b>5120 ILE DE FRANCE</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Jenkins, John</b> <b>2315 Bourgoigne Dr</b> <b>Tallahassee, FL 32308</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ROSEVOLD, MARY</b> <b>2305 BOURGOGNE DR</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Fitzpatrick, Valerie</b> <b>5158 ILE DE FRANCE</b> <b>Tallahassee, FL 32308</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BELYEN, LINDA</b> <b>2348 TOUR EIFFEL</b> <b>TALLAHASSEE FL 32308</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Rosenvold, Mary</b> <b>2305 Bourgoigne Dr.</b> <b>Tallahassee, FL 32308</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JENKINS, JOHN</b> <b>2315 BOURGOGNE DR</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *John R. Jenkins* **Treasurer/Director** 7/17/00 850-877-6555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)