

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90078 009 ****61.25

DOCUMENT # 720896

1. Entity Name

LAFAYETTE OAKS HOMES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5306 TOURAIN DRIVE
 TALLAHASSEE FL 32308**

**5306 TOURAIN DRIVE
 TALLAHASSEE FL 32308**

B0030242



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7119200

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **EIKELAND, JIM**
 STREET ADDRESS **2007 VERSAILLE**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LAUX, NANCY**
 STREET ADDRESS **2309 BOURGOGNE DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** Change Addition
 NAME **NYE, DENNIS**
 STREET ADDRESS **5503 TOURAIN DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **TD** Delete
 NAME **SWEARINGEN, ROB**
 STREET ADDRESS **5159 ILE DE FRANCE DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **PITTMAN, JILL**
 STREET ADDRESS **5136 ILE DE FRANCE DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **WRIGHT, JOHN**
 STREET ADDRESS **2303 ORLEANS DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DUNSTON, KENT**
 STREET ADDRESS **2132 ORLEANS DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Robert D. Swearingen* **ROBERT D. Swearingen** 1/16/02 (850) 891-8436

CR2E037 (9/01)