
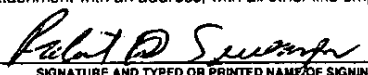


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90043 047 ****61.25

DOCUMENT # 720896					
1. Entity Name LAFAYETTE OAKS HOMES ASSOCIATION, INC.					
Principal Place of Business 5306 TOURAIN DRIVE TALLAHASSEE, FL 32308			Mailing Address 5306 TOURAIN DRIVE TALLAHASSEE, FL 32308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7119200	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, BILL		NAME		
STREET ADDRESS	5500 TOUNAINE DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORDIN, RALPH		NAME		
STREET ADDRESS	5325 TOURAIN DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWEARINGEN, ROB		NAME		
STREET ADDRESS	5159 ILE DE FRANCE DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TREZZA, AL		NAME		
STREET ADDRESS	2205 NAPOLEON BONAPARTE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WRIGHT, JOHN		NAME		
STREET ADDRESS	2303 ORLEANS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NYE, DENNIS		NAME		
STREET ADDRESS	5503 TOUNAINE DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		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		July 5, 2005 (850) 891-8436
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>



ATTACHMENT

50057703

Additional Sheet for 2005 Not-For-Profit Corporation Annual Report Document #720896 - Lafayette Oaks Homes Association

Please add the following to our report. We have a total of nine (9) officers and directors. These are the three additional not listed on the report.

Title	D	Change	<input checked="" type="checkbox"/> Addition
Name	Jacqueline Bird		
Street Address	2311 Orleans Drive		
City-St-Zip	Tallahassee, FL 32308		

Title	D	Change	<input checked="" type="checkbox"/> Addition
Name	Eutiquio C. Young		
Street Address	2319 Bourgogne Drive		
City-St-Zip	Tallahassee, FL 32308		

Title	D	Change	<input checked="" type="checkbox"/> Addition
Name	Carolyn Cummings		
Street Address	5005 Touraine Drive		
City-St-Zip	Tallahassee, FL 32308		