2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #720896

1. Entity Name

LAFAYETTE OAKS HOMES ASSOCIATION, INC.



Principal Place of Business

5306 TOURAINE DRIVE TALLAHASSEE, FL 32308

Mailing Address

5306 TOURAINE DRIVE TALLAHASSEE, FL 32308

FILED Feb 20, 2007 8:00 am Secretary of State

02-20-2007 90059 032 ****61.25

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02072007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 23-7119200 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUNDERHAUS, CAROL 2203 BOURGOGNE DR TALLAHASSEE, FL 32308

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the obligat	named entity submits this statement for the pulions of registered agent.	urpose of changing its registere	d office or registered a	agent, or both, in the State of I	florida. I am familiar wit	h, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	Agent signature required when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution.	sing \$5.00 D Added to	May Be o Fees		· , ,
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, BILL 5500 TOUNAINE DR TALLAHASSEE, FL 32308			•	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORDIN, RALPH 5325 TOURAINE DR TALLAHASSEE, FL 32308					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWEARINGEN, ROB 5159 ILE DE FRANCE DR TALLAHASSEE, FL 32308	DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREZZA, AL 2205 NAPOLEON BONAPARTE DRIVE TALLAHASSEE, FL 32308		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, JOHN 2303 ORLEANS DRIVE TALLAHASSEE, FL 32308		· , , , , , , , , , , , , , , , , , , ,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NYE, DENNIS 5503 TOUNAINE DR TALLAHASSEE, FL 32308					
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this coord or supplemental report is true and accurate and that my signature shall have the same level effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made under onthe that he made effect as if made effect a						

Thereby defully that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Swearingen

2-7-07 (850) 891-8436

Daytime Phone #

ATTACHMENT 40021869

Additional Sheet for 2007 Not-For-Profit Corporation Annual Report Documen #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

Addition

Name

Jacqueline Bird

Street Address City-St-Zip 2311 Orleans Drive Tallahassee, FL 32308

Title

D

Change

Addition

Name

Les Lawhon

Street Address City-St-Zip 5404 Touraine Drive

Tallahassee, FL 32308

Title

D

Change

Addition

Name Street Address City-St-Zip Carolyn Cummings 5005 Touraine Drive Tallahassee, FL 32308