

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90008 029 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02082008 Chg-NP CR2E037 (12/06)

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**

**7. Name and Address of New Registered Agent**

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

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, BILL 5500 TOUNAINE DR TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORDIN, RALPH 5325 TOURAIN DR TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWEARINGEN, ROB 5159 ILE DE FRANCE DR TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREZZA, AL 2205 NAPOLEON BONAPARTE DRIVE TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, JOHN 2303 ORLEANS DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NYE, DENNIS 5503 TOUNAINE DR TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 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** **2/8/08** **(850) 891-8436**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40034546  
#720896

**Additional Sheet for 2008 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	Addition
Name	Jacqueline Bird		
Street Address	2311 Orleans Drive		
City-St-Zip	Tallahassee, FL 32308		

Title	D	Change	Addition
Name	Les Lawhon		
Street Address	5404 Touraine Drive		
City-St-Zip	Tallahassee, FL 32308		

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

Title	D	Change	<input checked="" type="checkbox"/> Addition
Name	Lucy Turner		
Street Address	2407 Monaco Drive		
City-St-Zip	Tallahassee, FL 32308		