

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720896

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: LAFAYETTE OAKS HOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

5306 TOURAINÉ DRIVE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

5306 TOURAINÉ DRIVE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 23-7119200      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUNDERHAUS, CAROL  
2203 BOURGOGNE DR  
TALLAHASSEE, FL 32308      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMITH, BILL  
Address: 5500 TOUNAINE DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD ( ) Delete  
Name: SWEARINGEN, ROB  
Address: 5159 ILE DE FRANCE DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD ( ) Delete  
Name: WRIGHT, JOHN  
Address: 2303 ORLEANS DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD ( ) Delete  
Name: NYE, DENNIS  
Address: 5503 TOUNAINE DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: BIRD, JACQULINE  
Address: 2311 ORLEANS DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Change (X) Addition  
Name: LAWHON, LES  
Address: 5404 TOURAINÉ DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT D. SWEARINGEN

TD

04/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date