

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720896

FILED
Jan 11, 2010
Secretary of State

Entity Name: LAFAYETTE OAKS HOMES ASSOCIATION, INC.

Current Principal Place of Business:

5306 TOURAINNE DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

5306 TOURAINNE DRIVE
TALLAHASSEE, FL 32308 US

Current Mailing Address:

5306 TOURAINNE DRIVE
TALLAHASSEE, FL 32308

New Mailing Address:

5306 TOURAINNE DRIVE
TALLAHASSEE, FL 32308 US

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
Name: SMITH, BILL
Address: 5500 TOUNAINE DR
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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

Title: D
Name: TURNER, LUCY
Address: 2407 MONACO DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: LAWHON, LES
Address: 5404 TOURAINNE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: ROBERT D. SWEARINGEN

TD

01/11/2010

Electronic Signature of Signing Officer or Director

_____ Date