

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720896

Entity Name: LAFAYETTE OAKS HOMES ASSOCIATION, INC.

Current Principal Place of Business:

327 OFFICE PLAZA DRIVE
211
TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 12412
TALLAHASSEE, FL 32317 US

FEI Number: 23-7119200

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROWAND, TOM
327 OFFICE PLAZA DRIVE
211
TALLAHASSEE, FL 32301 US

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: TOM ROWAND

04/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MENTILLO, MICHAEL P
Address PO BOX 12412
City-State-Zip: TALLAHASSEE FL 32317

Title TREASURER
Name PATTERSON, ROSEMARY C
Address PO BOX 12412
City-State-Zip: TALLAHASSEE FL 32317

Title SECRETARY
Name CURREN, KIM
Address PO BOX 12412
City-State-Zip: TALLAHASSEE FL 32317

Title VP
Name LONG, DARLENE
Address PO BOX 12412
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name DICKINSON, CHRISTIAN
Address PO BOX 12412
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name MCEWEN, KERRI
Address PO BOX 12412
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name NADEAU, VAUGHN
Address PO BOX 12412
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name MCKENNA, DAVE
Address PO BOX 12412
City-State-Zip: TALLAHASSEE FL 32317

Continues on page 2

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: TOM ROWAND

MANAGEMENT

04/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MANAGEMENT

Name ROWAND, TOM

Address PO BOX 12412

City-State-Zip: TALLAHASSEE FL 32317