

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720896

**Entity Name:** LAFAYETTE OAKS HOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

5306 TOURAIN DRIVE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

5306 TOURAIN DRIVE  
TALLAHASSEE, FL 32308 US

**FEI Number:** 23-7119200

**Certificate of Status Desired:** No

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

SUNDERHAUS, CAROL  
2203 BOURGOGNE DR  
TALLAHASSEE, FL 32308 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FLOYD, DEBBIE  
Address        5511 TOURAIN DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

Title            TREASURER  
Name            SWEARINGEN, ROB  
Address        5159 ILE DE FRANCE DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

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

Title            VP  
Name            NORDIN, RALPH  
Address        5325 TOURAIN DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

Title            DIRECTOR  
Name            MENTILLO, MIKE  
Address        2124 ORLEANS  
City-State-Zip: TALLAHASSEE FL 32308

Title            DIRECTOR  
Name            LAWHON, LES  
Address        5404 TOURAIN DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

Title            DIRECTOR  
Name            BROWN, JENNA  
Address        2108 NAPOLEON BONAPARTE DR.  
City-State-Zip: TALLAHASSEE FL 32308

Title            DIRECTOR  
Name            FITZPATRICK, GARY  
Address        5158 ILE DE FRANCE DR.  
City-State-Zip: TALLAHASSEE FL 32308

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*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

**TREASURER**

**02/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name LONG, RICHARD

Address 2301 TOUR EIFFEL

City-State-Zip: TALLAHASSEE FL 32308