

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 26, 2015**

**Secretary of State**

**CC9911807391**

DOCUMENT# 720896

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

**Current Principal Place of Business:**

5306 TOURAINE DRIVE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

5306 TOURAINE 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           TREASURER  
Name           SWEARINGEN, ROB  
Address        5159 ILE DE FRANCE DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

Title           PRESIDENT  
Name           MENTILLO, MIKE  
Address        2124 ORLEANS  
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           LONG, RICHARD  
Address        2301 TOUR EIFFEL  
City-State-Zip: TALLAHASSEE FL 32308

Title           VP  
Name           LONG, DARLENE  
Address        5700 VERLAINE COURT  
City-State-Zip: TALLAHASSEE FL 32308

Title           DIRECTOR  
Name           JACKSON , DALE  
Address        2311 BOURGOGNE DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

Title           SECRETARY  
Name           MCDONALD , TABITHA  
Address        2304 ORLEANS DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

Title           DIRECTOR  
Name           MCDOWELL, MIKE  
Address        2101 TRIANON COURT  
City-State-Zip: TALLAHASSEE FL 32308

**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: ROBERT D. SWEARINGEN**

**TREASURER**

**02/26/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SHELBY , DOUG  
Address        2304 BOURGOGNE DRIVE  
City-State-Zip: TALLAHASSEE FL 32308