

**2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 720896

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

**Current Principal Place of Business:**

5306 TOURAINE DR  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

PO BOX 13483  
TALLAHASSEE, FL 32308 US

**FEI Number:** 23-7119200

**Certificate of Status Desired:** No

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

BAUGH, DEVON  
2316 NAPOLEON BONAPARTE 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:** DEVON BAUGH

09/29/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MENTILLO, MICHAEL P  
Address        PO BOX 13483  
City-State-Zip: TALLAHASSEE FL 32308

Title            TREASURER  
Name            PATTERSON, ROSEMARY C  
Address        PO BOX 13483  
City-State-Zip: TALLAHASSEE FL 32308

Title            SECRETARY  
Name            CURREN, KIM  
Address        PO BOX 13483  
City-State-Zip: TALLAHASSEE FL 32308

Title            VP  
Name            DICKINSON, CHRISTIAN  
Address        PO BOX 13483  
City-State-Zip: TALLAHASSEE FL 32308

Title            DIRECTOR  
Name            JERNIGAN, RICK  
Address        PO BOX 13483  
City-State-Zip: TALLAHASSEE FL 32308

Title            DIRECTOR  
Name            MCEWEN, KERRI  
Address        PO BOX 13483  
City-State-Zip: TALLAHASSEE FL 32308

Title            DIRECTOR  
Name            BAUGH, DEVON  
Address        PO BOX 13483  
City-State-Zip: TALLAHASSEE FL 32308

Title            DIRECTOR  
Name            PORTERO, CHARLES  
Address        PO BOX 13483  
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:** DEVON BAUGH

**DIRECTOR**

09/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name JAMES, MICHAEL

Address PO BOX 13483

City-State-Zip: TALLAHASSEE FL 32308