


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02325** (1)
1. Corporation Name
LAFAYETTE ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 6937 HANGING VINE WAY TALLAHASSEE FL 32311 US	Mailing Address 6937 HANGING VINE WAY TALLAHASSEE FL 32311-5500 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/02/1984	3a. Date of Last Report 04/19/1996
Suite, Apt. #, etc. 6527 Chevy	Suite, Apt. #, etc. Same	4. FEI Number 59-2439045	Applied For <input type="checkbox"/> Not Applicable
City & State Tallahassee FL	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 32311	Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30

9. Name and Address of Current Registered Agent BATEMAN, MICHAEL 6937 HANGING VINE WAY TALLAHASSEE FL 32311	10. Name and Address of New Registered Agent 81 Name John D. Dew 82 Street Address (P.O. Box Number is Not Acceptable) 6527 Chevy Way 83 Tallahassee 84 City FL 85 Zip Code 32311
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *John D. Dew* 4/22/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D <input type="checkbox"/> DELETE NAME MCCROAN, JAMES P Director (No Change) STREET ADDRESS 6569 ALFORD DR CITY-ST-ZIP TALLAHASSEE FL	1.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME John D. Dew 1.3 STREET ADDRESS 6527 Chevy Way 1.4 CITY-ST-ZIP Tallahassee, FL 32311
TITLE D <input type="checkbox"/> DELETE NAME PAGE, BILL Director (No Change) STREET ADDRESS 6566 CHEVY WAY CITY-ST-ZIP TALLAHASSEE FL	2.1 TITLE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME JAMES G. McCORD 2.3 STREET ADDRESS 6552 ALFORD DRIVE 2.4 CITY-ST-ZIP TALLAHASSEE, FL 32311
TITLE T <input type="checkbox"/> DELETE NAME HAJOS, V.L. (No Change) STREET ADDRESS 6490 CHEVY WAY CITY-ST-ZIP TALLAHASSEE FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE P <input type="checkbox"/> DELETE NAME BATEMAN, MICHAEL STREET ADDRESS 6937 HANGING VINE WAY CITY-ST-ZIP TALLAHASSEE FL	4.1 TITLE SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME BATEMAN, MICHAEL 4.3 STREET ADDRESS 6937 HANGING VINE WAY 4.4 CITY-ST-ZIP TALLAHASSEE, FL 32311
TITLE VP <input checked="" type="checkbox"/> DELETE NAME FELDT, KEVIN D STREET ADDRESS 6734 CHEVY WAY CITY-ST-ZIP TALLAHASSEE FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE NAME RYAN, CLARANCE E. Director (No Change) STREET ADDRESS 6900 HANGING VINE WAY CITY-ST-ZIP TALLAHASSEE FL	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *John D. Dew* 4/22/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008337

CR2E037 (9/96)