2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# N43493

Entity Name: LAFAYETTE LANDINGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3140 LAFAYETTE LANDING DR
DELON SPRINGS, FL 32130 US

New Principal Place of Business:

Current Mailing Address:

3140 LAFAYETTE LANDING DR
DELON SPRINGS, FL 32130 US

New Mailing Address:

FEI Number: 59-3057840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAY, W D
3121 LAFAYETTE LANDINGS DR
DELEON SPRINGS, FL 32130 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DAY, WILLIAM D	
Address:	3121 LAFAYETTE LANDINGS DR	
City-St-Zip:	DELEON SPRINGS, FL 32130	
Title:	VD	( ) Delete
Name:	SHULMAN, HARVEY	
Address:	93 CUNNINGHAM DR	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	TREA	( ) Delete
Name:	FOW, TONI,	
Address:	3140 LAFAYETTE LANDINGS DR	
City-St-Zip:	DELEON SPRINGS, FL 32130 US	
Title:	SEC	( ) Delete
Name:	SKELTON, KELLY MRS	
Address:	3100 LAFAYETTE LANDING DR	
City-St-Zip:	DELEON SPRINGS, FL 32130 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TONI J. FOW TREA 01/18/2007

Electronic Signature of Signing Officer or Director — Date