2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90003 006 ****61.25

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DOCUMENT # N24065

1. Entity Name

LAFAYETTE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 11005 TALLAHASSEE FL 32302	P.O. BOX 11005 TALLAHASSEE FL 32302

00022390

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2907788 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SON, DONNA 1986 VINELAND DR. TALLAHASSEE FL 32311	Name: Pfeifer, Brian Street Address (P.O. Box Number is Not Acceptable): 1831 Vineland Lane City: Tallahassee FL Zip Code: 32317

8. 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 [signature] Treasurer 1-25-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP NAME: MOREAU, RAY STREET ADDRESS: 1895 VINELAND LANE CITY-ST-ZIP: TALLAHASSEE FL 32311	☐ Delete	TITLE: DP NAME: Moreau, Ray STREET ADDRESS: 1895 Vineland Lane CITY-ST-ZIP: Tallahassee, FL 32317	☑ Change ☐ Addition
TITLE: DVP NAME: CAIN, EDDIE STREET ADDRESS: 1883 VINELAND LANE CITY-ST-ZIP: TALLAHSSEEE FL 32311	☐ Delete	TITLE: DVP NAME: Bogan, Linzie STREET ADDRESS: 1807 Vineland Lane CITY-ST-ZIP: Tallahassee, FL 32317	☑ Change ☐ Addition
TITLE: T NAME: SON, DONNA STREET ADDRESS: 1986 VINELAND LANE CITY-ST-ZIP: TALLAHASSEE FL 32311	☐ Delete	TITLE: T NAME: Pfeifer, Brian STREET ADDRESS: 1831 Vineland Lane CITY-ST-ZIP: Tallahassee, FL 32317	☑ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: S NAME: Liles, Jay STREET ADDRESS: 1962 Vineland Drive CITY-ST-ZIP: Tallahassee, FL 32317	☐ Change ☑ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-25-02 (850)894-4558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)