2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

01152006 No Chg-NP CR2E037 (11/05)

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

BRIAN, PFEIFER
1831 VINELAND LANE
TALLAHASSEE, FL 32317

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MOREAU, RAY
STREET ADDRESS	1895 VINELAND LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	DVP
NAME	BOGAN, LINZIE
STREET ADDRESS	1807 VINELAND LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	T
NAME	PFEIFER, BRIAN
STREET ADDRESS	1831 VINELAND LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	S
NAME	LILES, JAY
STREET ADDRESS	1962 VINELAND DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/06-80003-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: Brian G. Pfeifer 1-15-06 850-894-4558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #