

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 31 PM 4:21

<b>DOCUMENT # N07000005334</b> 1. Entity Name <b>LAFAYETTE PARK PLACE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>118 NORTH GADSDEN STREET TALLAHASSEE, FL 32301</b>		Mailing Address <b>118 NORTH GADSDEN STREET TALLAHASSEE, FL 32301</b>	
2. Principal Place of Business - No P.O. Box # <b>644 CAPITAL CIRCLE NE</b>		3. Mailing Address <b>PO Box 13089</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Tallahassee FL</b>		City & State <b>Tallahassee FL</b>	
Zip <b>32301</b>		Zip <b>32317</b>	
Country 		Country 	
4. FEJ Number <b>26-1750424</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MOYLE, JON C JR 118 NORTH GADSDEN STREET TALLAHASSEE, FL 32301</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Robert S Rhinehart</b> Street Address (P.O. Box Number is Not Acceptable) <b>644 CAPITAL CIRCLE NE</b> City <b>Tall</b> <b>FL</b> Zip Code <b>32301</b>	
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 <b>3/31/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOYLE, JON C JR 118 NORTH GADSDEN STREET TALLAHASSEE, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOYLE, JON C 7148 LEEWARD ST CAPE SAN BLAS, FL 32456	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOYLE, SERENA 118 NORTH GADSDEN STREET TALLAHASSEE, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500121722895</b> <b>04/01/08--01002--013 **\$61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3/31/08</b> Daytime Phone #	