2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N24065

Entity Name: LAFAYETTE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 11005
TALLAHASSEE, FL 32302

New Principal Place of Business:

1831 VINELAND LANE
TALLAHASSEE, FL 32317

Current Mailing Address:

P.O. BOX 11005
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-2907788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRIAN, PFEIFER
1831 VINELAND LANE
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

PFEIFER, BRIAN
1831 VINELAND LANE
TALLAHASSEE, FL 32317 US

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: BRIAN PFEIFER 01/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: JONES, DOUG
Address: 1946 VINELAND DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: DVP ( ) Delete
Name: MCNEON, LARRY
Address: 1933 VINELAND LN
City-St-Zip: TALLAHASSEE, FL 32317

Title: T ( ) Delete
Name: PFEIFER, BRIAN
Address: 1831 VINELAND LANE
City-St-Zip: TALLAHASSEE, FL 32317

Title: S ( ) Delete
Name: MIKKA, CLAIRE
Address: 1993 VINELAND DR
City-St-Zip: TALLAHASSEE, FL 32317

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 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: BRIAN PFEIFER T 01/16/2009
Electronic Signature of Signing Officer or Director Date