

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720896

Entity Name: LAFAYETTE OAKS HOMES ASSOCIATION, INC.

Current Principal Place of Business:

2121 KILLARNEY WAY
TALLAHASSEE, FL 32309

Current Mailing Address:

POST OFFICE BOX 11143
TALLAHASSEE, FL 32302 US

FEI Number: 23-7119200

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT, INC.
2121 KILLEARNEY WAY
TALLAHASSEE, FL 32309 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: JOANIE TROTMAN

02/06/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name PAGOZALSKI, LINDSEY
Address 2415 NAPOLEON BONAPARTE DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title PRESIDENT
Name LONG, RICHARD
Address 2301 TOUR EIFFEL DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name CALDWELL, BOB
Address 5116 ILE DE FRANCE DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name MARPLE, MARK
Address 5115 ILE DE FRANCE DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title VP
Name GEE, BRIAN
Address 5313 TOURAINE DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name JACKSON , DALE
Address 2311 BOURGOGNE DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title SD
Name HOULIOS, KIMBERLY
Address 5204 TOURAINE DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name PAGOZALSKI, MIKE
Address 2415 NAPOLEON BONAPARTE DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: JOANIE TROTMAN

CAM

02/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HAYES, ROB
Address 2142 LA ROCHELLE DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title MANAGER
Name FLORIDA ASSOCIATION & PROPERTY
 MANAGEMENT, INC.
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302