

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729275

Entity Name: LAVALLET TOWNHOUSE ASSOCIATION, INC.**Current Principal Place of Business:**PROFESSIONAL ASSOCIATION MANAGERS, LLC
657 EAST ROMANA ST.
PENSACOLA, FL 32502**Current Mailing Address:**P. O. BOX 12507
PENSACOLA, FL 32591-2507**FEI Number:** 59-2244662**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOODY, SUSAN L
657 EAST ROMANA ST.
PENSACOLA, FL 32502 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR, VP
Name	GROVES, JACK
Address	P. O. BOX 12507
City-State-Zip:	PENSACOLA FL 32591-2507

Title	TREASURER, DIRECTOR
Name	ZITZEWITZ, JUDIE C
Address	P. O. BOX 12507
City-State-Zip:	PENSACOLA FL 32591-2507

Title	D
Name	SNYDER, PATTY
Address	P. O. BOX 12507
City-State-Zip:	PENSACOLA FL 32591-2507

Title	DIRECTOR, SEC
Name	HOLLAND, CAROLYN
Address	P. O. BOX 12507
City-State-Zip:	PENSACOLA FL 32591-2507

Title	DIRECTOR, PRESIDENT
Name	CLARK, PETE
Address	P. O. BOX 12507
City-State-Zip:	PENSACOLA FL 32591-2507

Title	DIRECTOR
Name	MILLER, JEFF
Address	P. O. BOX 12507
City-State-Zip:	PENSACOLA FL 32591-2507

Title	DIRECTOR
Name	JOHNSON, JENNIFER
Address	P. O. BOX 12507
City-State-Zip:	PENSACOLA FL 32591-2507

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: PETE CLARK

PRESIDENT

04/10/2023

Electronic Signature of Signing Officer/Director Detail

Date