

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729275

**FILED
Mar 20, 2019
Secretary of State
7339511289CC**

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 PD
Name FOWLER, RICHARD
Address P. O. BOX 12507
City-State-Zip: PENSACOLA FL 32591-2507

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

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

Title SECRETARY
Name FOWLER, LINDA
Address P. O. BOX 12507
City-State-Zip: PENSACOLA FL 32591-2507

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

Title DIRECTOR, VP
Name GROVES, JACK
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

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: RICHARD FOWLER

PRESIDENT

03/20/2019

Electronic Signature of Signing Officer/Director Detail

Date