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2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: LAFAYETTE PARK PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 13089 TALLAHASSEE, FL 32317

FEI Number: 26-1750424

Name and Address of Current Registered Agent:

RHINEHART, ROBERT S 644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301 US Certificate of Status Desired: No

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

Officer/Director Detail :

| Title | SECRETARY, TREASURER | Title | VP |
|-----------------|--------------------------------------|-----------------|---------------------------|
| Name | KUNCICKY, DAVE | Name | GRISSON, ED |
| Address | 644 CAPITAL CIRCLE NE | Address | 644 CAPITAL CIRCLE NE |
| City-State-Zip: | TALLAHASSEE FL 32301 | City-State-Zip: | TALLAHASSEE FL 32301 |
| | | | |
| | | | |
| Title | MANAGER/AGENT | Title | PRESIDENT |
| Title Name | MANAGER/AGENT RHINEHART, ROBERT S | Title Name | PRESIDENT BROOKS, DANA |
| | | | |

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: ROBERT S. RHINEHART

MANAGER/AGENT

03/26/2015

Electronic Signature of Signing Officer/Director Detail

FILED Mar 26, 2015 Secretary of State CC2458741478

Date