Current Mai	ling Address:			
P.O. BOX 11 TALLAHASS	005 EE, FL 32302			
FEI Number: 59-2907788			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
SHAW, KIM 1839 VINELANI 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: KIM SHAW			06/	/29/2020
	Electronic Signature of Registered Agent			Date
Officer/Dire				Date
Officer/Dire		Title	DVP	Date
	ctor Detail :	Title Name	DVP MCNEAR, LARRY	Date
Title	ctor Detail : DP			Date
Title Name	ctor Detail : DP JONES, DOUG 1946 VINELAND DR	Name	MCNEAR, LARRY 1833 VINELAND LN	Date
Title Name Address	ctor Detail : DP JONES, DOUG 1946 VINELAND DR	Name Address	MCNEAR, LARRY 1833 VINELAND LN	Date
Title Name Address City-State-Zip:	ctor Detail : DP JONES, DOUG 1946 VINELAND DR TALLAHASSEE FL 32317	Name Address City-State-Zip:	MCNEAR, LARRY 1833 VINELAND LN TALLAHASSEE FL 32317	Date
Title Name Address City-State-Zip: Title	ctor Detail : DP JONES, DOUG 1946 VINELAND DR TALLAHASSEE FL 32317 T	Name Address City-State-Zip: Title	MCNEAR, LARRY 1833 VINELAND LN TALLAHASSEE FL 32317 S	Date

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: KIM SHAW

06/29/2020

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24065

Entity Name: LAFAYETTE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1839 VINELAND LANE TALLAHASSEE, FL 32317

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FILED Jun 29, 2020 **Secretary of State** 7420080914CC

TREASURER

Date

Electronic Signature of Signing Officer/Director Detail