Current Mai	ling Address:			
P.O. BOX 11	005			
TALLAHASS	EE, FL 32302			
FEI Number: 59-2907788			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
SHAW, KIM 1839 VINELANI	DLANE			
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			04/28/2021	
	Electronic Signature of Registered Agent			Date
Officer/Dire	5 5 5			Date
<b>Officer/Dire</b>	5 5 5	Title	DVP	Date
	ctor Detail :	Title Name	DVP MELNICK, RACHEL	Date
Title	ctor Detail : DP			Date
Title Name	ctor Detail : DP JONES, DOUG 1946 VINELAND DR	Name	MELNICK, RACHEL	Date
Title Name Address City-State-Zip:	ctor Detail : DP JONES, DOUG 1946 VINELAND DR TALLAHASSEE FL 32317	Name Address City-State-Zip:	MELNICK, RACHEL 1864 VINELAND LN TALLAHASSEE FL 32317	Date
Title Name Address City-State-Zip: Title	C <b>tor Detail :</b> DP JONES, DOUG 1946 VINELAND DR TALLAHASSEE FL 32317	Name Address City-State-Zip: Title	MELNICK, RACHEL 1864 VINELAND LN TALLAHASSEE FL 32317 S	Date
Title Name Address City-State-Zip:	ctor Detail : DP JONES, DOUG 1946 VINELAND DR TALLAHASSEE FL 32317	Name Address City-State-Zip: Title Name	MELNICK, RACHEL 1864 VINELAND LN TALLAHASSEE FL 32317 S PRUETT, CHANTEL	Date
Title Name Address City-State-Zip: Title	C <b>tor Detail :</b> DP JONES, DOUG 1946 VINELAND DR TALLAHASSEE FL 32317	Name Address City-State-Zip: Title	MELNICK, RACHEL 1864 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

TREASURER

04/28/2021

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## 2021 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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Electronic Signature of Signing Officer/Director Detail

Date