

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 14, 2006 8:00 am  
Secretary of State**

04-14-2006 90129 042 \*\*\*\*61.25

<b>DOCUMENT # 730089</b>		
1. Entity Name <b>LAFAYETTE PARK NEIGHBORHOOD ASSOCIATION, INC.</b>		
Principal Place of Business <b>607 McDANIEL ST. TALLAHASSEE, FL 32303</b>		Mailing Address <b>607 McDANIEL ST. TALLAHASSEE, FL 32303</b>

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>LUPIANI, MICHAELA 607 McDANIEL ST. TALLAHASSEE, FL 32303</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.			

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
10. OFFICERS AND DIRECTORS			
<p>TITLE: PD NAME: MCGUIRE, KATHY STREET ADDRESS: 1101 PINE ST. CITY-ST-ZIP: TALLAHASSEE, FL 32303</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE: PD NAME: Alice Vickers STREET ADDRESS: 623 Beard St CITY-ST-ZIP: Tallahassee, FL 32303</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE: VPD NAME: JOHNSON, JEFF STREET ADDRESS: 637 INGLESIDE CITY-ST-ZIP: TALLAHASSEE, FL 32303</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE: VPD NAME: Chuck Hefren STREET ADDRESS: 634 Ingleside Av. CITY-ST-ZIP: Tallahassee, FL 32303</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE: SD NAME: HOWELL, FAYE STREET ADDRESS: 625 McDANIEL ST CITY-ST-ZIP: TALLAHASSEE, FL 32303</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE: SD NAME: Kathy McGuire STREET ADDRESS: 1101 Pine St. CITY-ST-ZIP: Tallahassee, FL 32303</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE: TD NAME: LUPIANI, MICHAELA STREET ADDRESS: 607 McDANIEL ST. CITY-ST-ZIP: TALLAHASSEE, FL 32303</p> <p><input type="checkbox"/> Delete</p>		<p>no change</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE: REC NAME: <i>[Signature]</i> STREET ADDRESS: <i>[Signature]</i> CITY-ST-ZIP: <i>[Signature]</i></p> <p><input type="checkbox"/> Delete</p>		<p>TITLE: REC NAME: <i>[Signature]</i> STREET ADDRESS: <i>[Signature]</i> CITY-ST-ZIP: <i>[Signature]</i></p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE: REC NAME: <i>[Signature]</i> STREET ADDRESS: <i>[Signature]</i> CITY-ST-ZIP: <i>[Signature]</i></p> <p><input type="checkbox"/> Delete</p>		<p>TITLE: REC NAME: <i>[Signature]</i> STREET ADDRESS: <i>[Signature]</i> CITY-ST-ZIP: <i>[Signature]</i></p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Michaela Lupiani** **Michaela Lupiani** **4/12/06** **850 644 7443**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #