

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730089

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** LAFAYETTE PARK NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

607 MCDANIEL ST.  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

550 E GEORGIA ST.  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

607 MCDANIEL ST.  
TALLAHASSEE, FL 32303

**New Mailing Address:**

550 E GEORGIA ST.  
TALLAHASSEE, FL 32303

**FEI Number:** 51-0189643

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUPIANI, MICHAELA  
607 MCDANIEL ST.  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: HENDRICKS, JAN  
Address: 512 WILLIAMS STREET  
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD  
Name: HECKMAN, CHAD  
Address: 621 INGLESIDE AVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD  
Name: MINARDI, DEAN  
Address: 550 E GEORGIA ST  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD  
Name: WESTMORELAND, CAROL  
Address: 614 BEARD ST.  
City-St-Zip: TALLAHASSEE, FL 32303

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:** DEAN MINARDI

TD

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date