2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90076 016 ****61.25

DOCUMENT # 737354

1. Entity Name
LAFAYETTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9365 W SAMPLE SUITE 203 CORAL SPRINGS, FL 33065-4623	P.O. BOX 8506 CORAL SPRINGS, FL 33075 US

400149305

01182005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1741007 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NANCY SAATHOFF
C/O CONDO MGMT ALTERNATIVE, INC
9365 W SAMPLE RD 203-A
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name: CONDO MANAGEMENT ALTERNATIVE, INC.
Street Address (P.O. Box Number is Not Acceptable): 9365 W. SAMPLE ROAD #203
City: CORAL SPRINGS **FL** Zip Code: 33065

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: Ronald Saathoff RONALD SAATHOFF DATE: 1/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BANDENEAU, RICH P.O. BOX 8506 CORAL SPRINGS, FL 33075	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BANDENEAU, RICH P.O. BOX 8506 CORAL SPRINGS, FL 33075	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SMITH, KELLY P.O. BOX 8506 CORAL SPRINGS, FL 33075	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NEAL, JUNE P.O. BOX 8506 CORAL SPRINGS, FL 33075	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNOX, DEBRA P.O. BOX 8506 CORAL SPRINGS, FL 33075	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GURZENDA, KELLI P.O. BOX 8506 CORAL SPRINGS, FL 33075	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 2-2-05 954-752-4796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #