

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00476

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** LAFAYETTE MEADOWS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1242 REDFIELD RD  
TALLAHASSEE, FL 323179570 US

**New Principal Place of Business:**

6049 REDFIELD CIRCLE  
TALLAHASSEE, FL 323179568 US

**Current Mailing Address:**

1242 REDFIELD RD  
TALLAHASSEE, FL 323179570 US

**New Mailing Address:**

6049 REDFIELD CIRCLE  
TALLAHASSEE, FL 323179568 US

FEI Number: 59-2410005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REAZIN, RON  
1242 REDFIELD RD  
TALLAHASSEE, FL 323179570 US

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

ODOM, CYNDEE  
6049 REDFIELD CIRCLE  
TALLAHASSEE, FL 323179568 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: CYNDEE ODOM

04/28/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAVIDSON, MIKE  
Address: 1257 REDFIELD RD  
City-St-Zip: TALLAHASSEE, FL 323175513

Title: VD ( ) Delete  
Name: CONOLY, JAMES  
Address: 6008 BUCK LAKE ROAD  
City-St-Zip: TALLAHASSEE, FL 323179514

Title: STD ( ) Delete  
Name: REAZIN, RON  
Address: 1242 REDFIELD RD  
City-St-Zip: TALLAHASSEE, FL 323179570

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PULSIFER, SANDRA  
Address: 1231 REDFIELD RD  
City-St-Zip: TALLAHASSEE, FL 323175513

Title: VD (X) Change ( ) Addition  
Name: HOUCK, BO  
Address: 1258 REDFIELD RD  
City-St-Zip: TALLAHASSEE, FL 323179569

Title: STD (X) Change ( ) Addition  
Name: ODOM, CYNDEE  
Address: 6049 REDFIELD CIRCLE  
City-St-Zip: TALLAHASSEE, FL 323179568

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SANDRA PULSIFER

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date