FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02325 (1)

1. Corporation Name
LAFAYETTE ACRES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6569 ALFORD DR TALLAHASSEE FL 32311-6516 US	6569 ALFORD DR TALLAHASSEE FL 32311-6516 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1984
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2439045 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCCROAN, JAMES P
6569 ALFORD DR
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE James P McCroan DATE Apr 11, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	REESE, ANDY	1.2 NAME	
STREET ADDRESS	6678 CHEVY WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	PACE, BILL	2.2 NAME	
STREET ADDRESS	6568 CHEVY WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	HAJOS, V.L.	3.2 NAME	
STREET ADDRESS	6490 CHEVY WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCROAN, JAMES P	4.2 NAME	
STREET ADDRESS	6569 ALFORD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	FELDT, KEVIN D	5.2 NAME	
STREET ADDRESS	6734 CHEVY WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	~~D~~ VACANT	6.1 TITLE	☐ Change ☒ Addition
NAME	~~BRYANT, LOIS~~	6.2 NAME	D
STREET ADDRESS	~~6644 CHEVY WAY~~	6.3 STREET ADDRESS	Clarence E. Ryan
CITY-ST-ZIP	~~TALLAHASSEE FL~~	6.4 CITY-ST-ZIP	6900 Hanging Vine Way Tallahassee, FL 32311

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James P McCroan Apr 11, 1995 (904) 942-1105
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
James P. McCroan

COR 7510