

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N02325 (1)

1. Corporation Name

LAFAYETTE ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6569 ALFORD DR
TALLAHASSEE FL 32311-9516
US

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TALLAHASSEE FL 32311-9516
US

3. Date Incorporated or Qualified
04/02/1984

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **6937 Hanging Vine Way**

26 **6937 Hanging Vine Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
Tallahassee FL

27 City & State
Tallahassee FL

23 Zip
32311

28 Zip
32311

24 Country
USA

29 Country
USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCROAN, JAMES P
6569 ALFORD DR
TALLAHASSEE FL 32311

81 Name **Michael Bateman**
82 Street Address (P.O. Box Number is Not Acceptable)
6937 Hanging Vine Way
83
84 City **Tallahassee** FL 85 Zip Code **32311**

11. Pursuant to the provisions of Sections 617.0502 and 617.0503, 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and their application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REESE, ANDY	
STREET ADDRESS	6678 CHEVY WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PACE, BILL	
STREET ADDRESS	6566 CHEVY WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAJOS, V.L.	
STREET ADDRESS	6490 CHEVY WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCCROAN, JAMES P	
STREET ADDRESS	6569 ALFORD DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FELDT, KEVIN D	
STREET ADDRESS	6734 CHEVY WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RYAN, CLARANCE E.	
STREET ADDRESS	6900 HANGING VINE WAY	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	McCroan, James P.	
13 STREET ADDRESS	6569 Alford Drive	
14 CITY-ST-ZIP	Tallahassee FL 32311	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	P Bateman, Michael	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	6937 Hanging Vine Way	
43 STREET ADDRESS	Tallahassee, FL 32311	
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)