


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90431 024 \*\*\*\*61.25

<b>DOCUMENT # N24065</b> 1. Entity Name <b>LAFAYETTE ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>P.O. BOX 11005 TALLAHASSEE, FL 32302</b>	Mailing Address <b>P.O. BOX 11005 TALLAHASSEE, FL 32302</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03172004 Chg-NP CR2E037 (10/03)

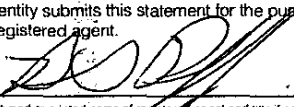
4. FEI Number  
**59-2907788**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BRIAN, PFEIFER</b> <b>1931 VINELAND DR.,</b> <b>TALLAHASSEE, FL 32317</b>		Name <b>Brian Pfeifer</b> Street Address (P.O. Box Number is Not Acceptable) <b>1831 Vineland Lane</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32317</b>	

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  DATE **4-22-04**

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>MOREAU, RAY</b> <b>1895 VINELAND LANE</b> <b>TALLAHASSEE, FL 32317</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>BOGAN, LINZIE</b> <b>1807 VINELAND LANE</b> <b>TALLAHASSEE, FL 32317</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Pfeifer</b> <b>PFEIFER, BRIAN</b> <b>1831 VINELAND LANE</b> <b>TALLAHASSEE, FL 32317</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T Pfeifer, Brian</b> <b>1831 Vineland Lane</b> <b>Tallahassee, FL 32317</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LILES, JAY</b> <b>1962 VINELAND DR.</b> <b>TALLAHASSEE, FL 32317</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **4-22-04** (850) 894-4558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR