

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N24065 1. Entity Name LAFAYETTE ESTATES HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business P.O. BOX 11005 TALLAHASSEE, FL 32302	Mailing Address P.O. BOX 11005 TALLAHASSEE, FL 32302	
DO NOT WRITE IN THIS SPACE		
01152006 No Chg-NP CR2E037 (11/05)		
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 BRIAN, PFEIFER 1831 VINELAND LANE TALLAHASSEE, FL 32317 DO NOT WRITE IN THIS SPACE		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOREAU, RAY 1895 VINELAND LANE TALLAHASSEE, FL 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BOGAN, LINZIE 1807 VINELAND LANE TALLAHASSEE, FL 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PFEIFER, BRIAN 1831 VINELAND LANE TALLAHASSEE, FL 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LILES, JAY 1962 VINELAND DR. TALLAHASSEE, FL 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Brian G. Pfeifer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-15-06 Date 850-894-4558 Daytime Phone #		