

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N24065 1. Entity Name LAFAYETTE ESTATES HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 11005 TALLAHASSEE, FL 32302	Mailing Address P.O. BOX 11005 TALLAHASSEE, FL 32302
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01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
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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 reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN0000590757 01/18/07-80067-020 61.25 DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #