

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N39609

1. Entity Name
EAST LAFAYETTE OFFICE ASSOCIATION, INC.



Principal Place of Business
%SOHEIL AKHAVAN
1331 E LAFAYETTE ST
TALLAHASSEE, FL 32301-4724

Mailing Address
P.O. BOX 3252
TALLAHASSEE, FL 32315

FILED
2007 FEB 15 AM 12:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA



02072007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AKHAVAN, SOHEIL
1933 CHATSWORTH
TALLAHASSEE, FL 32308

**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 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

100089291751
02/27/07--01006--005 **61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AKHAVAN, SOHEIL
STREET ADDRESS	1933 CHATSWORTH
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	STD
NAME	AKHAVAN, SOHRAB
STREET ADDRESS	2050 CHATSWORTH WAY
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VD
NAME	AKHAVAN, REZVAN
STREET ADDRESS	4799 HIGH GROVE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Soheil Akhavan Soheil Akhavan 2-14-07 (850) 878-0823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Q. Williams FEB 15 2007