## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39609

FILED Mar 27, 2009 Secretary of State

Entity Name: EAST LAFAYETTE OFFICE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

%SOHEIL AKHAVAN SOHEIL AKHAVAN

1331 E LAFAYETTE ST 1933 CHATSWORTH WAY TALLAHASSEE, FL 323014724 TALLAHASSEE, FL 32309

Current Mailing Address: New Mailing Address:

P.O. BOX 3252 TALLAHASSEE, FL 32315

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AKHAVAN, SOHEIL 1933 CHATSWORTH TALLAHASSEE, FL 32308 US

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.

SIGNATURE:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 AKHAVAN, SOHEIL
 Name:
 AKHAVAN, SOHEIL

 Address:
 1933 CHATSWORTH
 Address:
 1933 CHATSWORTH

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:
 TALLAHASSEE, FL 32309

Title: STD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 AKHAVAN, SOHRAB
 Name:

 Address:
 2050 CHARSWORTH WAY
 Address:

 City-St-Zip:
 TALLAHASSEE, FL
 City-St-Zip:

Title: VD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 AKHAVAN, REZVAN
 Name:

 Address:
 4799 HIGH GROVE
 Address:

 City-St-Zip:
 TALLAHASSEE, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOHRAB AKHAVAN STD 03/27/2009