

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43493

FILED
May 13, 2009
Secretary of State

Entity Name: LAFAYETTE LANDINGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3110 LAFAYETTE LANDING DR
DELEON SPRINGS, FL 32130 US

New Principal Place of Business:

3110 LAFAYETTE LANDING DR
DELEON SPRINGS, FL 32130 US

Current Mailing Address:

3110 LAFAYETTE LANDING DR
DELEON SPRINGS, FL 32130 US

New Mailing Address:

3110 LAFAYETTE LANDING DR
DELEON SPRINGS, FL 32130 US

FEI Number: 59-3057840 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LONG, DENNIS
3110 LAFAYETTE LANDING DRIVE
DELEON SPRINGS, FL 32130 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LONG, DENNIS
Address: 3110 LAFAYETTE LANDING DRIVE
City-St-Zip: DELEON SPRINGS, FL 32130

Title: V () Delete
Name: SHULMAN, HARVEY
Address: #3110 LAFAYETTE LANDING DRIVE
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: ST () Delete
Name: SKELTON, WADE
Address: 3100 LAFAYETTE LANDING DRIVE
City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: D (X) Delete
Name: WRIGHT, JEREMY
Address: 113B BLACKBURN ROAD
City-St-Zip: PIERSON, FL 32180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SHULMAN, HARVEY
Address: 3110 LAFAYETTE LANDING DRIVE
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: WADE SKELTON

ST

05/13/2009

Electronic Signature of Signing Officer or Director

Date