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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra E. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 770944 (7)  
1. Corporation Name  
THE LAKES OF AVALON PATIOS ASSOCIATION, INC.

Principal Place of Business Mailing Address

~~K.M.S. SERVICES, INC.~~ 12291 SW 131ST AVE MIAMI FL 33186 US  
~~12291 SW 131ST AVE~~ ~~MIAMI FL 33186~~ ~~US~~

~~12291 SW 131ST AVE~~ 12291 SW 131ST AVE MIAMI FL 33186 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/26/1983 3a. Date of Last Report 04/21/1994

4. FEI Number 59-2516838 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 26

TROPICAL PROPERTY MANAGEMENT 8910 MIRAMAR PARKWAY SUITE 300 MIAMI, FL 33025

23 28

Zip Country Zip Country

5. Certificate of Status Desired  \$6.75 Additional Fee Required

6. Election Campaign Financing  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

FEINGOLD, MARTIN  
12291 SW 131ST AVE  
MIAMI FL 33186

TROPICAL PROPERTY MANAGEMENT  
8910 MIRAMAR PARKWAY SUITE 300  
MIRAMAR, FL 33025

10. Name and Address of New Registered Agent

81 Name

82 TROPICAL PROPERTY MANAGEMENT  
8910 MIRAMAR PARKWAY SUITE 300  
MIRAMAR, FL 33025

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SUAREZ, RICK
STREET ADDRESS	8185 NW 187TH TERR
CITY - ST - ZIP	MIAMI FL
TITLE	DST
NAME	OLSON, JIM
STREET ADDRESS	7959 NW 190TH TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	<del>D</del>
NAME	<del>AGUILERA, JOSE</del>
STREET ADDRESS	<del>19230 NW 81ST PL</del>
CITY - ST - ZIP	<del>MIAMI FL</del>
TITLE	<del>D</del>
NAME	<del>AGUILERA, JOSE</del>
STREET ADDRESS	<del>19230 NW 81ST PL</del>
CITY - ST - ZIP	<del>MIAMI FL</del>
TITLE	D
NAME	GONALEZ, FERNANDO
STREET ADDRESS	8033 NW 192ND TERR
CITY - ST - ZIP	MIAMI FL
TITLE	<del>D</del>
NAME	<del>POLLARD, CONELIUS</del>
STREET ADDRESS	<del>19127 NW 81ST PL</del>
CITY - ST - ZIP	<del>MIAMI FL</del>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 or Change, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/20/95

Signature and typed or printed name of signing officer or director Date Daytime Phone #