

**FILE NOW: FILING FEE IS \$61.25**

NON-PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 770944**  
1. Corporation Name

**LAKES OF AVALON PATIOS ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
<b>9380 SUNSET DRIVE SUITE #B-250 MIAMI, FLORIDA 33173</b>	<b>9380 SUNSET DRIVE SUITE # B-250 MIAMI, FLORIDA 33173</b>

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number <b>59-2516838</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

81 Name	<b>STEPHEN J. STRALEY, P.A.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3990 Sheridan Street</b>
83	<b>Suite 109</b>
84 City	<b>Hollywood, FL</b>
85 Zip Code	<b>33021</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 617.0503, Florida Statutes.

SIGNATURE **Stephen J. Straley, P.A.**

Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P/D</b>	<input type="checkbox"/> DELETE
NAME	<b>GOZALEZ, FERNANDO</b>	
STREET ADDRESS	<b>8033 NW 192 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33015</b>	
TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROYAL, MARCIA M.</b>	
STREET ADDRESS	<b>19234 NW 80 COURT</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33015</b>	
TITLE	<b>T/D</b>	<input type="checkbox"/> DELETE
NAME	<b>OLSON, JAMES A.</b>	
STREET ADDRESS	<b>7959 NW 190 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33015</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOSEPH RIVERS</b>	
STREET ADDRESS	<b>8138 NW 191 Street</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33015</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>000001810550</b>
43 STREET ADDRESS	<b>-05/07/96--01024--003</b>
44 CITY-ST-ZIP	<b>***70.00</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.029(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Fernando Gozalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)

5-1-96  
JR