


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90027 017 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 770944

1. Corporation Name
THE LAKES OF AVALON PATIOS ASSOCIATION, INC.

Principal Place of Business 9380 SUNSET DR. STE B-250 MIAMI FL 33173 US	Mailing Address 9380 SUNSET DR. STE B-250 MIAMI FL 33173 US
---	---

UNREGISTERED



2. Principal Place of Business 21 13250 SW 135 AVENUE Suite, Apt. #, etc. 22	2a. Mailing Address 26 13250 SW 135 AVENUE Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 10/26/1983	4. FEI Number 59-2516838	Applied For Not Applicable
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 33186	Country 25 DADE	Zip 29 33186	Country 30 DADE	

9. Name and Address of Current Registered Agent STRALEY, STEPHEN J 3990 SHERIDAN ST. STE 109 HOLLYWOOD FL 33021	10. Name and Address of New Registered Agent 81 Name SKRLD, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE 83 SUITE # 102 84 City CORAL GABLES FL 85 Zip Code 33186
---	---

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, 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 617.0503, Florida Statutes.

SIGNATURE BY: SKRLD, INC Helio De La Torre, Pres. DATE: May 6, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTA, JIM 8120 NW 191 ST MIAMI FL 33015 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONALEZ, FERNANDO 8033 NW 192ND TERR MIAMI FL 33015 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIVERS, JOSEPH 8138 NW 191 ST. MIAMI FL 33015 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Helio De La Torre **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(1/1/98)