

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90293 004 *****70.00

0002003

DOCUMENT # 770944

1. Entity Name

THE LAKES OF AVALON PATIOS ASSOCIATION, INC.

Principal Place of Business

13250 S.W. 135 AVENUE
 MIAMI FL 33186
 US

Mailing Address

13250 S.W. 135 AVENUE
 MIAMI FL 33186
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2516838

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
STE 102
CORAL GABLES FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VD	ORTA, JIM	8120 NW 191 ST	MIAMI FL 33015	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	GONALEZ, FERNANDO	8033 NW 192ND TERR	MIAMI FL 33015	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	RIVERS, JOSEPH	8138 NW 191 ST.	MIAMI FL 33015	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	TOSAR, RUBEN	19238 NW 80 CT	MIAMI FL 33015	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	TD	CORNELIUS POLLARD	19127 NW 81 PLACE	MIAMI, FL 33015	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	D	CAMILO RODRIGUEZ	8119 NW 191 STREET	MIAMI, FL 33015	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

645962



DO NOT WRITE IN THIS SPACE

770944
Stamp # 645962

ADDITIONAL SHEET FOR ADDED DIRECTORS:

11.

Additions/Changes to Officers and Directors in 10

TITLE D CHANGE__ ADDITION X
NAME SANDRA PEREZ
STREET ADDRESS 19134 NW 81 Place
CITY-ST-ZIP MIAMI, FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP