


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 770944
 1. Entity Name
THE LAKES OF AVALON PATIOS ASSOCIATION, INC.



Principal Place of Business Mailing Address
13250 S.W. 135 AVENUE **13250 S.W. 135 AVENUE**
MIAMI, FL 33186 US **MIAMI, FL 33186 US**

DO NOT WRITE IN THIS SPACE



02102006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-2516838 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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, SANDRA 19134 SW 81 PLACE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLLARD, CORNELIUS 19127 NW 81 PLACE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, CAMILO 8119 NW 191 STREET MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO ALONSO, ALBERTO 7939 NW 190 TERRACE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTTO, GRACE 7943 NW 190 TERRACE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000465313
 03/22/06-80031-006 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 # _____