


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 23, 2007 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2516838	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fees 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, 2007

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	VPD 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	

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U00000677183
03/30/07-80094-009 70.00

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 # _____