

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770944

FILED  
Feb 12, 2010  
Secretary of State

**Entity Name:** THE LAKES OF AVALON PATIOS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O COURTESY PROPERTY MANAGEMENT  
13250 SW 135 AVENUE  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O COURTESY PROPERTY MANAGEMENT  
13250 SW 135 AVENUE  
MIAMI, FL 33186 US

**New Mailing Address:**

**FEI Number:** 59-2516838      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RODRIGUEZ, CAMILO MR  
Address: 19133 NW 80 COURT  
City-St-Zip: MIAMI, FL 33015 US

Title: TD  
Name: POLLARD, CORNELIUS MR  
Address: 19127 NW 81 PLACE  
City-St-Zip: MIAMI, FL 33015 US

Title: SD  
Name: SCOTTO, GRACE MS  
Address: 7943 NW 190 TERRACE  
City-St-Zip: MIAMI, FL 33015 US

Title: VPD  
Name: ALONSO, ALBERTO MR  
Address: 7939 NW 190 TERRACE  
City-St-Zip: MIAMI, FL 33015 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAMILO RODRIGUEZ

MR

02/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date