

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N27840

1. Entity Name
LA PALOMA VILLAGE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**3634 GAVIOTA DR
RUSKIN, FL 33573 US**

Mailing Address
**3634 GAVIOTA DR
RUSKIN, FL 33573 US**



04052006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2887294

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, MICHAEL L
3634 GAVIOTA DRIVE
SUITE 1400
RUSKIN, FL 33573**

**DO NOT WRITE
IN THIS SPACE**

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

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

(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

U00000502850
04/26/06-80013-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLER, MICHAEL L
STREET ADDRESS	3634 GAVIOTA DR
CITY-ST-ZIP	RUSKIN, FL 33573
TITLE	VD
NAME	MILLER, MICHAEL L
STREET ADDRESS	614 SUPERIOR AV NW
CITY-ST-ZIP	CLEVELAND, OH 44113
TITLE	STD
NAME	GARRETT, JUDY
STREET ADDRESS	3634 GAVIOTA DR
CITY-ST-ZIP	RUSKIN, FL 33573
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Judy Garrett
Judy Garrett, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

(813) 633-0900

Date

Daytime Phone #