

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**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



01102007 No Chg-NP

CR2E037 (4/06)

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000730470  
05/09/07-80082-021 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/07 813-633-0900

MICHAEL L MILLER