


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000005039**  
1. Entity Name  
**THE LAS ENTRADAS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O K. MICHAEL DAVIS 1103 N.W. 115TH AVENUE PLANTATION, FL 33323 US</b>	Mailing Address <b>C/O K. MICHAEL DAVIS 1101 N W 115TH AVENUE PLANTATION, FL 33323 US</b>
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01172005 No Chg-NP CR2E037 (10/03)


**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0560786</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**DAVIS, K. MICHAEL  
1101 N W 115TH AVENUE  
PLANTATION, FL 33323**

**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:  (NOTE: Registered Agent signature required when reinstating.) DATE: **1/27/05**

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	PD MILLARD, DOUG 1121 NW 115TH AVE PLANTATION, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DAVIES, MATT 1261 NW 115TH AVE PLANTATION, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DAVIS, K. MICHAEL 1101 N W 115TH AVE PLANTATION, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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100000200124  
01/28/05-80013-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: **1/27/05** DAYTIME PHONE #: **305-552-4327**