


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
C/O K. MICHAEL DAVIS **C/O K. MICHAEL DAVIS**
1101 N.W. 115TH AVENUE **1101 N W 115TH AVENUE**
PLANTATION, FL 33323 US **PLANTATION, FL 33323 US**



02262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0560786 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fees Required**

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000493481
04/11/06-80123-015 61.25

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	VO 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *K. Michael Davis* **K. Michael Davis** **2/28/06** **954-473-0978**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Secretary/Treasurer