


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

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90025 022 ****70.00

DOCUMENT # N01000000415 1. Entity Name LAKE AVILA ESTATES HOMEOWNERS' ASSOCIATION, INC.	
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40010228

Principal Place of Business COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVENUE MIAMI, FL 33186 US	Mailing Address COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVENUE MIAMI, FL 33186 US
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DO NOT WRITE IN THIS SPACE

01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1102479	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE #1102
MIAMI, FL 33134

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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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAUFFMAN, GLORIA 16606 SW 68 TERRACE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIMON, CARILYN 16605 SW 68 TERRACE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHENG, ANA 6863 SW 166 CT MIAMI, FL 33193
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 exemption stated in Section 119.07(3)(i), 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 powers empowered.

SIGNATURE:  **1/22/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #