

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000415

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** LAKE AVILA ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

ACCOUNT ABILITY INC  
6905 CORISCA ST  
MIAMI, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

ACCOUNT ABILITY INC  
6905 CORISCA ST  
MIAMI, FL 33146 US

**New Mailing Address:**

**FEI Number:** 65-1102479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ACCOUNT ABILITY, INC  
6905 CORISCA ST  
MIAMI, FL 33146 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALVAREZ, JUAN  
Address: 6923 SW 166 CT  
City-St-Zip: MIAMI, FL 33193

Title: VPD ( ) Delete  
Name: HOURIHAN, DANIEL  
Address: 16601 SW 68 TERR  
City-St-Zip: MIAMI, FL 33193

Title: SD ( ) Delete  
Name: GIRALDO, CRISTINA  
Address: 16602 SW 68 TERR  
City-St-Zip: MIAMI, FL 33193

Title: TD ( ) Delete  
Name: GATO, MODESTO  
Address: 16609 SW 68 TERR  
City-St-Zip: MIAMI, FL 33193

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CORDOVA, LUIS JR  
Address: 16610 SW 68TH TERR  
City-St-Zip: MIAMI, FL 33193

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MODESTO GATO

T

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date