

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90148 007 ****70.00

DOCUMENT # N01000000415

1. Entity Name

LAKE AVILA ESTATES HOMEOWNERS' ASSOCIATION, INC.



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**

60010434



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1102479**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JUAN E
80 SW 8TH ST, SUITE 2550
MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name **SKRLD, INC.**
Street Address (P.O. Box Number is Not Acceptable) **201 Alhambra Circle # 1102**
City **CORAL GABLES** FL Zip Code **33134**

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 **SKRLD, INC. BY**

OSCAR RIVERA, DIRECTOR

1/14/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HUMPHRIES, MICHAEL	
STREET ADDRESS	8000 GOVERNOR'S SQUARE BLVD, SUITE 101	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROCA, RAFAEL	
STREET ADDRESS	8000 GOVERNOR'S SQUARE BLVD, SUITE 101	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHARPSTEEN, CANDACE	
STREET ADDRESS	8000 GOVERNOR'S SQUARE BLVD, SUITE 101	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GUERRA, FRANCES J	
STREET ADDRESS	8000 GOVERNOR'S SQUARE BLVD, SUITE 101	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLORIA KAUFFMAN	
STREET ADDRESS	16606 SW 68 Terrace	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARILYN SIMON	
STREET ADDRESS	16605 SW 68 Terrace	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANA CHENG	
STREET ADDRESS	6863 SW 166 CT	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 other persons empowered.

SIGNATURE:

GLORIA V. KAUFFMAN 1-23-03 (305) 220-7626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)