

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770944

**FILED  
Mar 17, 2017  
Secretary of State  
CC8009190802**

**Entity Name:** THE LAKES OF AVALON PATIOS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O COURTESY PROPERTY MANAGEMENT  
13250 SW 135 AVENUE  
MIAMI, FL 33186

**Current Mailing Address:**

C/O COURTESY PROPERTY MANAGEMENT  
13250 SW 135 AVENUE  
MIAMI, FL 33186 US

**FEI Number: 59-2516838**

**Certificate of Status Desired: Yes**

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
STE 102  
CORAL GABLES, FL 33186 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

**Officer/Director Detail :**

Title PD  
Name RODRIGUEZ, CAMILO MR  
Address CO COURTESY PROPERTY  
MANAGEMENT  
13250 SW 135 AVENUE  
City-State-Zip: MIAMI FL 33186

Title TD  
Name POLLARD, CORNELIUS MR  
Address CO COURTESY PROPERTY  
MANAGEMENT  
13250 SW 135 AVENUE  
City-State-Zip: MIAMI FL 33186

Title VPD  
Name ALONSO, ALBERTO MR  
Address CO COURTESY PROPERTY  
MANAGEMENT  
13250 SW 135 AVENUE  
City-State-Zip: MIAMI FL 33186

Title D  
Name DIAZ, ALDO MR  
Address CO COURTESY PROPERTY  
MANAGEMENT  
13250 SW 135 AVENUE  
City-State-Zip: MIAMI FL 33186

*I hereby 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 all other like empowered.*

**SIGNATURE: CAMILO RODRIGUEZ**

**PRESIDENT**

**03/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date