

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 706298**

1. Entity Name  
**LAKE TAHOE HOME OWNERS ASSOCIATION INC**



Principal Place of Business  
**6005 W 8 AVE  
HIALEAH, FL 33012 US**

Mailing Address  
**6005 W 8 AVE  
HIALEAH, FL 33012 US**



01052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2646506**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GIL, AUGUSTO  
6005 W 8 AVE  
HIALEAH, FL 33012**

**DO NOT WRITE  
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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000787838  
01/18/08-80016-012 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
GIL, AUGUSTO  
6005 W 8 AVE  
HIALEAH, FL 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
GADAVID, NORA  
6295 W 8 AVE  
HIALEAH, FL 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CORDOVA, OSCAR  
6305 W. 8 AVE.  
HIALEAH, FL 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
BRANIELLA, JOSE  
6365 W 8TH AVENUE  
HIALEAH, FL 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*August M Gil*  
**4060276 614**

**1/13/08**

**305 362 7345**