

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 726727 1. Entity Name LA AVENIDA DEL LAGO CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1860 FOREST HILL BLVD. STE 105 WPB, FL 33406 US	Mailing Address 1860 FOREST HILL BLVD. STE 105 WPB, FL 33406 US
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04212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1670543	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GRANTHAM, KIRK 1860 FOREST HILL BLVD SUITE 105 WEST PALM BEACH, FL 33406

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000128142
04/26/04-80026-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GRANTHAM, KIRK 1860 FOREST HILL BLVD., STE. 105 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLEN, DOUGLAS 211 LAKE AVENUE, #1 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOLFE, SHERRI 2622 FILLMORE ST HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #