2004 NOT-FOR-PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # 726727

LA AVENIDA DEL LAGO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1860 FOREST HILL BLVD.

STE 105

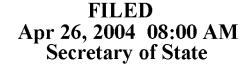
WPB, FL 33406 US

Mailing Address

1860 FOREST HILL BLVD.

STE 105

WPB, FL 33406 UŞ





04212004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-1670543 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANTHAM, KIRK 1860 FOREST HILL BLVD

DO NOT WRITE

SUITE 105 WEST PALM BEACH, FL 33406			IN THIS SPACE		
the obligat	named entity submits this statement for the prions of registered agent		d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	Agent signature	required when reinstating)	DATÉ
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000128142 04/26/04~80026-003 61.25
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GRANTHAM, KIRK 1860 FOREST HILL BLVD., STE. 105 LAKE WORTH, FL 33460 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			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TOLE NAME					

12. Thereby certify that the information supplied with this filling 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: _

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #