

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

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90017 019 ****61.25

DOCUMENT # 726727

1. Entity Name
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 US



04162008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

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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

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 HOCKTON, JULIE 747 CONNESTEE RD. WEST PALM BEACH, FL 33413 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, SHERRI 2622 FILLMORE ST HOLLYWOOD, FL 33020 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Ruscetti, Fred</i> ADD 9420 E Double Tree Ranch Rd C104 Scottsdale, AZ 85258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Owen, TRISTAN</i> 211 Lake Avenue, APT #1 Lake Worth, FL 33460
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

4/21/08

Date

Daytime Phone #