

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

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 770944**

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



Principal Place of Business  
**13250 S.W. 135 AVENUE  
MIAMI, FL 33186 US**

Mailing Address  
**13250 S.W. 135 AVENUE  
MIAMI, FL 33186 US**



04182008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2516838**

Applied For  
Not Applicable

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

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

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

**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 \_\_\_\_\_ (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	S
NAME	PEREZ, SANDRA
STREET ADDRESS	19134 SW 81 PLACE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	TD
NAME	POLLARD, CORNELIUS
STREET ADDRESS	19127 NW 81 PLACE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	PD
NAME	RODRIGUEZ, CAMILO
STREET ADDRESS	8119 NW 191 STREET
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	VPD
NAME	ALONSO, ALBERTO
STREET ADDRESS	7939 NW 190 TERRACE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	D
NAME	SCOTTO, GRACE
STREET ADDRESS	7943 NW 190 TERRACE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000937804  
05/27/08-80066-005 70.00

**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 another like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #