


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000000410	
1. Entity Name LAKE AVILA MASTER HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVE MIAMI, FL 33186	Mailing Address COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVE MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



03132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1102481	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SKKLD, INC. 201 ALHAMBRA CIRCLE #1102 MIAMI, FL 33134
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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 reappointing) DATE _____

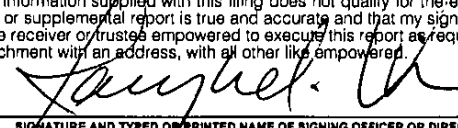
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARRIDO, ANA 16520 SW 68 TERR MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLALBA, JACKIE 7126 SW 164 COURT MIAMI, FL 33193
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05/29/07-80011-003 70.00

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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 # _____