

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

FILED
Apr 09, 2008 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**



03132008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1102481

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SKKLD, INC.
201 ALHAMBRA CIRCLE #1102
MIAMI, FL 33134**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000829427
04/22/08-80054-005 70.00

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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**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:

Ana Garrido
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-08 786-3067909
Date Daytime Phone #