

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000000415**

1. Entity Name  
**LAKE AVILA ESTATES HOMEOWNERS' ASSOCIATION,  
INC.**



Principal Place of Business  
**COURTESY PROPERTY MANAGEMENT  
13250 SW 135 AVENUE  
MIAMI, FL 33186 US**

Mailing Address  
**COURTESY PROPERTY MANAGEMENT  
13250 SW 135 AVENUE  
MIAMI, FL 33186 US**

**DO NOT WRITE IN THIS SPACE**



02142006 No Chg-NP CR2ED37 (11/05)

4. FEI Number **65-1102479** 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 #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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KAUFFMAN, GLORIA  
STREET ADDRESS 16606 SW 68 TERRACE  
CITY-ST-ZIP MIAMI, FL 33193

TITLE VD  
NAME SIMON, CARILYN  
STREET ADDRESS 16605 SW 68 TERRACE  
CITY-ST-ZIP MIAMI, FL 33193

TITLE T  
NAME CHENG, ANA  
STREET ADDRESS 6863 SW 166 CT  
CITY-ST-ZIP MIAMI, FL 33193

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000471567  
03/29/06-80001-015 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

33-06 (55) 20-26 76