

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 09, 2007 8:00 am  
Secretary of State**

04-09-2007 90071 042 \*\*\*\*70.00

**40053927**



03132007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N01000000418</b>		
1. Entity Name <b>LAKE AVILA TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.</b>		

Principal Place of Business <b>C/O COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVENUE MIAMI, FL 33186 US</b>	Mailing Address <b>C/O COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVENUE MIAMI, FL 33186 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SKELD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 MIAMI, FL 33134</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>PD HANEY, KIM 16455 SW 68 TERR MIAMI, FL 33193</b>	<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>PD O'DONELL, MAUREEN 16450 SW 71 TERR MIAMI, FL 33193</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>SD LOCKLIN, MARILONGA 16525 SW 68 TERR MIAMI, FL 33193</b>	<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>VPD</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>VD VILLABA, JUAN JR 7126 SW 164TH COURT MIAMI, FL 33193</b>	<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>TD</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>SD LAM, JAY 16568 SW 68 TERR MIAMI, FL 33193</b>	<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>SD LAM, JAY 16568 SW 68 TERR MIAMI, FL 33193</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>SD PADEN, MIKE 16556 SW 68 TERR MIAMI, FL 33193</b>	<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>SD PADEN, MIKE 16556 SW 68 TERR MIAMI, FL 33193</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>SD 3/21/07</b>	<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>SD 3/21/07</b>

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:** *Maureen O'Donnell* **Date:** *3/21/07* **Daytime Phone #:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR