

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90052 047 \*\*\*\*61.25

**DOCUMENT # N01002**

1. Corporation Name

**THE LAKES OF AVALON MASTER ASSOCIATION, INC.**

Principal Place of Business

C/O GUARANTEE MANAGEMENT SERVICES  
111 FONTAINEBLEAU BLVD.  
MIAMI FL 33172

Mailing Address

C/O GUARANTEE MANAGEMENT SERVICES  
111 FONTAINEBLEAU BLVD.  
MIAMI FL 33172



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/19/1984

4. FEI Number

59-2516841

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

GUARANTEE MANAGEMENT SERVICES, INC.  
111 FONTAINEBLEAU BOULEVARD  
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD  
NAME HEALY, JOHN III  
STREET ADDRESS 8497 NW 191 STREET  
CITY-ST-ZIP MIAMI FL 33015

TITLE VPD ☒ DELETE

NAME MOORE, MAGGIE  
STREET ADDRESS 8250 NW 191 STREET  
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME BARNETTE, ELLEN  
STREET ADDRESS 8625 NW 190  
CITY-ST-ZIP MIAMI FL 33015

TITLE D ☒ DELETE

NAME LERAMI, CHARLES  
STREET ADDRESS 8301 NW 191 LANE  
CITY-ST-ZIP MIAMI FL 33015

TITLE TD ☐ DELETE

NAME OLSON, JAMES  
STREET ADDRESS 7959 NW 190 TERRACE  
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☐ Change ☒ Addition

1.2 NAME ~~Ken~~ Bryant, Ken  
1.3 STREET ADDRESS 8250 NW 191 Street EAST  
1.4 CITY-ST-ZIP Miami FL 33015

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Diaz, Gloria  
2.3 STREET ADDRESS 19180 NW 82 Circle Court  
2.4 CITY-ST-ZIP Miami FL 33015

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*JOHN III HEALY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 (305) 740-8442  
Date Daytime Phone #

CR2E037 (11/98)