2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N01002

Entity Name: THE LAKES OF AVALON MASTER ASSSOCIATION, INC.

Current Principal Place of Business:

C/O JOSEPH R. PADRON, CPA, PA
13358 SOUTHWEST 128 STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

C/O JOSEPH R. PADRON, CPA, PA
13358 SOUTHWEST 128 STREET
MIAMI, FL 33186

New Mailing Address:

FEI Number: 59-2516841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE LA CAMARA, ROSA M ESQ.
ALHAMBRA TOWERS, 121 ALHAMBRA PLAZA
SUITE 1000, 10TH FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	QUESADA, YOLANDA L	
Address:	8222 NW 191 LANE	
City-St-Zip:	MIAMI, FL 33015	
Title:	VD	( ) Delete
Name:	HEALY, JOHN F III	
Address:	8497 NW 191 ST.	
City-St-Zip:	MIAMI, FL 33015	
Title:	SD	( ) Delete
Name:	RODRIGUEZ, CAMILO	
Address:	19133 NW 80 CT.	
City-St-Zip:	MIAMI, FL 33015	
Title:	TD	( ) Delete
Name:	ALONSO, ALBERT	
Address:	7939 NW 190 TERR.	
City-St-Zip:	MIAMI, FL 33015	
Title:	D	( ) Delete
Name:	VIDAL, BENJAMIN	
Address:	8250 NW 191 ST., #C	
City-St-Zip:	MIAMI, FL 33015	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH R. PADRON PA 04/29/2005

Electronic Signature of Signing Officer or Director — Date