

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 04, 2007
Secretary of State

DOCUMENT# N01002

Entity Name: THE LAKES OF AVALON MASTER ASSOCIATION, INC.**Current Principal Place of Business:**8440 NW 190 TERRACE
MIAMI, FL 33015**New Principal Place of Business:****Current Mailing Address:**8440 NW 190 TERRACE
MIAMI, FL 33015**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: D () Delete
Name: ARVELO, FRANK
Address: 19127 NW 82 CIRCLE COURT
City-St-Zip: MIAMI, FL 33015

Title: VPD (X) Delete
Name: HEALY, JOHN F III
Address: 8497 NW 191 STREET
City-St-Zip: MIAMI, FL 33015

Title: D (X) Delete
Name: RODRIGUEZ, CAMILO
Address: 19133 NW 80 COURT
City-St-Zip: MIAMI, FL 33015

Title: D (X) Delete
Name: PERULLAS, MIGUEL
Address: 19045 NW 85 AVENUE
City-St-Zip: MIAMI, FL 33015

Title: D (X) Delete
Name: VIDAL, BENJAMIN
Address: 8250 NW 191 STREET #C
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: HEALY, JOHN F III
Address: 8497 NW 191 STREET
City-St-Zip: MIAMI, FL 33015

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 exemption stated 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 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: JOHN F HEALY III

P

06/04/2007

Electronic Signature of Signing Officer or Director

Date