
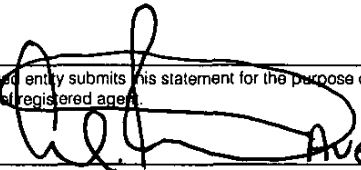
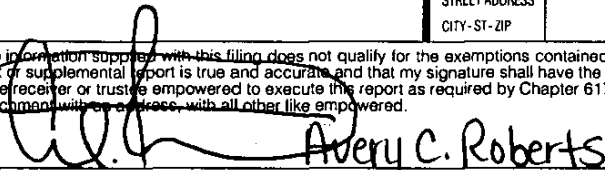


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90278 036 ****70.00

DOCUMENT # N05000009195			
1. Entity Name PRADO LA VISTA UNIT I HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 255 NORTH LAKE AVENUE LAKE BUTLER, FL 32054 US		Mailing Address P.O. BOX 233 LAKE BUTLER, FL 32054 US	
2. Principal Place of Business - No P.O. Box # 12469 W SR 100		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Butler FL		City & State	
Zip 32054	Country US	Zip	Country
6. Name and Address of Current Registered Agent ROBERTS, AVERY C 255 NORTH LAKE AVENUE LAKE BUTLER, FL 32054		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12469 W SR 100 City Lake Butler FL Zip Code 32054	
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  Avery C. Roberts		DATE 4/18/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, AVERY C P.O. BOX 293 LAKE BUTLER, FL 32054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Avery C. Roberts		DATE 4/18/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 386-496-3509	

40070000



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number APPLIED FOR 20-8864864 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required