


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N93000005039 |  |
| 1. Entity Name THE LAS ENTRADAS HOMEOWNERS ASSOCIATION, INC. | |

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| Principal Place of Business C/O K. MICHAEL DAVIS 1101 N.W. 115TH AVENUE PLANTATION, FL 33323 US | Mailing Address C/O K. MICHAEL DAVIS 1101 N W 115TH AVENUE PLANTATION, FL 33323 US |
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02262006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number 65-0560786 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required | |

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| 6. Name and Address of Current Registered Agent DAVIS, K. MICHAEL 1101 N W 115TH AVENUE PLANTATION, FL 33323 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000483481
04/11/06-80123-015 61.25**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MILLARD, DOUG 1121 NW 115TH AVE PLANTATION, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VO DAVIES, MATT 1261 NW 115TH AVE PLANTATION, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DAVIS, K. MICHAEL 1101 N W 115TH AVE PLANTATION, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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: *K. Michael Davis* K. Michael Davis 2/28/06 954-473-0978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary/Treasurer Daytime Phone #