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Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724166 (4)
1. Corporation Name
AVILA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
17620 ATLANTIC BLVD. MIAMI BEACH FL 33160
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3. Date Incorporated or Qualified
08/22/1972

4. FEI Number NOT APPLICABLE
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Sunny Isles Beach, FL 28
24 Zip 27160 25 Country 29 Zip 30 Country

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SEGAL, WILLIAM
20801 BISCAYNE BLVD SUITE 304
AVENTURA FL 33180

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: *Rocco Di Lorenzo* DATE: 2/24/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIRECTOR
NAME	MANNING, MARVIN	1.2 NAME	REAL DORE
STREET ADDRESS	17560 ATLANTIC BLVD	1.3 STREET ADDRESS	.200 177 DRIVE
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	SUNNY ISLES BEACH, FL
TITLE	PD	2.1 TITLE	DIRECTOR
NAME	AZZATO, TONY	2.2 NAME	BARBARA ASTON SWEED
STREET ADDRESS	200 177TH DRIVE	2.3 STREET ADDRESS	17560 ATLANTIC BLVD
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	SUNNY ISLES BEACH FL
TITLE	T	3.1 TITLE	
NAME	DISANGRO, ROCCO	3.2 NAME	
STREET ADDRESS	17560 ATLANTIC BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	MORSE, ED	4.2 NAME	
STREET ADDRESS	17560 ATLANTIC BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	LEHNER, BERNICE	5.2 NAME	
STREET ADDRESS	17560 ATLANTIC BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Rocco Di Lorenzo* DATE: 2/24/98 1261-992-0123

CR2E037 (10/97)