## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # 724166**

AVILA CONDOMINIUM ASSOCIATION, INC.

17	620 ATLANTICE	BAND. SUNDY TESTES	S BEACH F	<u>4</u>			
Principal Place of Business Mailing Address 17620 ATLANTIC BLVD. 17620 ATLANTIC BLVD.			25.00		ermen din del trans menta dire di del de	Bil bibli bibli bib	II <b>113</b> (1 <b>156</b> )
MIAMI BEACH FL 33160 MIAMI BEACH FL 33160							
U\$			~	1 110    190  0	INDRI BIBBY ISBNA BI <mark>nta aint aint b</mark>	OUR BLOOK BY DIT BY D	
				}		,	•
Principal Place of Business     2a. Mailing Address				3. Date Incorpora	ted or Qualifed	<del></del>	
21 <i>SAME</i>	_	26 SANE AS	MOOLE	08/22/1972	l		
Suite, Apt.		Suite, Apt. #, etc.		4. FEI Number	101815	<u> </u>	olied For
22	1	27		NOT APPL	ICABLE		Applicable
City & State	e	City & State		5. Certifcate of S	atus Desired 🔲	<b>\$8.75</b> A	
23		28	Country				<u> </u>
Zip	Country	Zip C	Coupery	6. Election Camp Trust Fund Co	- 11	\$5.00   Added to	
24	9. Name and Address of Curre	nt Registered Agent	<del></del>		dress of New Registered		31003
	3. Name and Address of Curre	ur registored Agent	81 Name			,	
05041 148111444			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)			
SEGAL, WILLIAM 20801 BISCAYNE BLVD SUITE 304			62 Street At	idress (F.O. Box Numbe	is Not Acceptable)		
AVENTURA FL 33180			83	•	,		
			84 City	<del></del>	<u> </u>	85 Zip C	ode
ı				ц	<u> </u>	_ [	
11. Pursuant office or ragent. I a	to the provisions of Sections 617.05 egistered agent, or both, in the State in familiar with, and accept the some	02 and 617.1508, Florida Statutes, to of Florida. Such change was authorations of, Section 617.0503, Florida	the above-named corriged by the corpor Statutes.	orporation submits this s ation's board of directors	iatement for the purpose of its line appo	intment as rec	gistered
SIGNATURE	Signature, wheel or printed name of registered ag-	ont and title if applicable (NOTE: Rec	istered Agent signature req	ured when reinstating)	ر – ک DATE		<del></del> .
12.		ND DIRECTORS	13.		ANGES TO OFFICERS A		RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	DORE, REAL	1	1.2 NAME	•			
STREET ADDRESS	200 177 DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	SUNNY ISLES BEACH FL		1.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	·	
TITLE	PD	☐ DELETÉ	2.1 TTILE	i.	•	☐ Change	☐ Addition
NAME	AZZATO, TONY		2.2 NAME			٠	
STREET ADDRESS			2.3 STREET ADDRESS			•	
CITY-ST-ZIP	MIAMI BEACH FL		2. 4 CITY-ST-ZIP			Change	Addition
TITLE	T DOLLARD DOCCO	☐ DELETE	3.1 TITLE		•	Chough	
NAME	DISANGRO, ROCCO		3.2 NAME	3			
STREET ADDRESS	17560 ATLANTIC BLVD		3.3 STREET ADDRESS		. "		
CITY-ST-ZIP	MIAMI BEACH FL D	☐ DELETE	3.4. CITY-ST-ZIP		<u> </u>	Change	Addition
NAME	SWEED. BARBARA A		4.2 NAME	-			
NAME STREET ADDRESS	ATTENDANCE OF LAND	-	4.3 STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,			
CITY-ST-ZIP	SUNNY ISLES BEACH FL		4.4 CITY-ST-ZIP				
TITLE	TD	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	LEHNER, BERNICE		5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS			•	

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 on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

MIAMI BEACH FL

**FILED** 

03-03-1999 90061 003 \*\*\*\*61.25

Mar 03, 1999 8:00 am § Secretary of State

Addition

☐ Change