

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 724166

1. Entity Name
AVILA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**17620 ATLANTIC BLVD.
SUNNY ISLES BEACH, FL 33160**

Mailing Address
**17620 ATLANTIC BLVD.
SUNNY ISLES BEACH, FL 33160**



07212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SANTOS, JORGE
17620 ATLANTIC BLVD
MIAMI, FL 33160**

**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 rehashing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by September 8, 2004**

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

000000169120
08/02/04-80011-001 66.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD REISS, PHYLLIS 200 177TH DRIVE MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TERGA, MARIO 17560 ATLANTIC BLVD MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SANTOS, JORGE 200 177TH DRIVE SUNNY ISLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOREIRA, JULISSA 17560 ATLANTIC BLVD MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JORGE Santos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-28-04 **(305) 931-2850**
Date Daytime Phone #