


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

**DO NOT WRITE IN THIS SPACE**



07212004 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 NOT APPLICABLE      Not Applicable

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 reinstating)      DATE \_\_\_\_\_

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

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

00000169120  
 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      **07-28-04**      **(305) 931-2950**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #