


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**


FILED
May 31, 2005 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



05242005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

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

**Filing Fee is \$61.25
Due by September 7, 2005**

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

U00000368714
05/31/05-80013-011 61.25

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	

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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 05/27/05 (305) 931-2810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #