

NO1000008501
FILED

02 AUG -9 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

123512

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # NO1000008501
1. Entity Name AVILA AT SUN CITY CENTER
FT. MYERS CONDOMINIUM ASSOCIATION,
INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 24301 WALDEN CENTER DR
Suite, Apt. #, etc. 300
3. Mailing Address 24301 WALDEN CENTER DR
Suite, Apt. #, etc. 300

City & State BONITA SPRINGS, FL
City & State BONITA SPRINGS, FL
4. FEI Number 59-3759306
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent
Name VIVIAN N HASTINGS
Street Address (P.O. Box Number is Not Acceptable) 24301 WALDEN CENTER DR
SUITE 300
City BONITA SPRINGS FL Zip Code 34134

B. 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEES: \$61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TIEFENBACH, RENEE
STREET ADDRESS 24301 WALDEN CENTER DR
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE JTD
NAME KEITH, SYLVIA
STREET ADDRESS 2020 CLUBHOUSE DR.
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE VD
NAME FLINN, MILT
STREET ADDRESS 24301 WALDEN CENTER DR.
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE D
NAME GONZALES, DIANE
STREET ADDRESS 24301 WALDEN CENTER DR
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE D
NAME RAY, WILLIAM
STREET ADDRESS 24301 WALDEN CENTER DR
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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STREET ADDRESS _____
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sylvia Keith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-02 813-642-1434
Date Daytime Phone #

CR2037B (12/01)