

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90011 021 ****61.25

DOCUMENT # N01000008501

1. Entity Name

AVILA AT SUN CITY CENTER FT. MYERS CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

24301 WALDEN CENTER DR
300
BONITA SPRINGS, FL 34134

Mailing Address

24301 WALDEN CENTER DR
300
BONITA SPRINGS, FL 34134

24037381



02152004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

HASTINGS, VIVIEN N
24301 WALDEN CENTER DR
300
BONITA SPRINGS, FL 34134

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HESSEL, MICHAEL
STREET ADDRESS	24301 WALDEN CENTER DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	STD
NAME	KEITH, SYLVIA
STREET ADDRESS	2020 CLUBHOUSE DR
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	VPD
NAME	BENEDICT, IAN
STREET ADDRESS	24301 WALDEN CENTER DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D
NAME	GONZALES, DIANE
STREET ADDRESS	10667 AVILA CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	D
NAME	RAY, WILLIAM
STREET ADDRESS	10581 AVILA CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33913
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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYLVIA KEITH

Date

Daytime Phone #

4/5/04

813-642-1454