


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90083 028 ****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**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



01312005 Chg-NP CR2E037 (10/03)

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**

7. Name and Address of New Registered Agent

Name **WCI COMMUNITIES PROPERTY MGMT, INC.**
 Street Address (P.O. Box Number is Not Acceptable)
24301 WALDEN CENTER DR.
 City **BONITA SPRINGS FL** Zip Code **34134**

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 *Sylvia Keith* **SYLVIA KEITH** **3/25/05**
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, 2005**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HESSEL, MICHAEL	
STREET ADDRESS	24301 WALDEN CENTER DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	KEITH, SYLVIA	
STREET ADDRESS	2020 CLUBHOUSE DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BENEDICT, IAN	
STREET ADDRESS	24301 WALDEN CENTER DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALES, DIANE	
STREET ADDRESS	10667 AVILA CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAY, WILLIAM	
STREET ADDRESS	10581 AVILA CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONYAK, PAUL	
STREET ADDRESS	10684 AVILA CIRCLE	
CITY-ST-ZIP	FT. MYERS, FL. 33913	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAQRANOFF, ERIC	
STREET ADDRESS	10692 AVILA CIRCLE	
CITY-ST-ZIP	FT. MYERS, FL. 33913	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAKE, MIKE	
STREET ADDRESS	10576 AVILA CIRCLE	
CITY-ST-ZIP	FT. MYERS, FL. 33913	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COWEN, BILL	
STREET ADDRESS	10404 AVILA CIRCLE	
CITY-ST-ZIP	FT. MYERS, FL. 33913	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROWLEY, DENNIS	
STREET ADDRESS	10537 AVILA CIRCLE	
CITY-ST-ZIP	FT. MYERS, FL. 33913	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Paul G. Ronyak, Pres* **3-30-05 239-481-2648**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #