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.									04-04-200	00 70000 0	20 01	.20
Principal Place of Business 24301 WALDEN CENTER DR 300 BONITA SPRINGS, FL 34134			Mailing Address 24301 WALDEN CENTER DR 300 BONITA SPRINGS, FL 34134				·				1171 - 1111 171 111 111	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01312005	Chg-NP	CR2E0	37 (10/03)	
City & State			City & State				- "	4. FEI Numbe 59-3759				oplied For ot Applicable
Zip Country			Zip.	ZipCour			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	Registered /	egistered Agent			7. Name and Address of New Registered Agent						
HASTINGS	•					Name L	UCI.	Commu	NITIES	ROPERTY	Mami	.Tuc.
24301 WALDEN CENTER DR 300 BONITA SPRINGS, FL 34134					-	Street Address (P.O. Box Number is Not Acceptable) 34301 WALDEN CENTER DR.						
BUNITA SI	rkings,	FL 34134		-			200	JITA S	SPRIN	o c Fl	Zip Cod	le 3. /
8. The above	named entit	y submits this statement fo	r the purpose	of changing its	registere	d office of	_	ed agent, or both	n, in the State	of Florida. I am	familiar with,	and accept
the obligations of registered agent. SIGNATURE Signature, typed by printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
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	_	ne is \$61.25 May 1, 2005		9. Election Carr Trust Fund C				\$5.00 May Be Added to Fees	9	Make chec Florida Depa	k payable t	
10.	_		RECTORS				LJ			Fiorida Depa	rtment of S	tate
10.	_	flay 1, 2005	RECTORS		ontributio	on.	다 4 <u>4</u>	Added to Fees	INGES TO OF	Fiorida Depa	rtment of S	tate
	Due by N	flay 1, 2005	RECTORS	Trust Fund C	11. IITLE NAME	on.	다 4 <u>4</u>	Added to Fees	INGES TO OF	Fiorida Depa	RECTORS IN	tate
TITLE NAME STREET ADDRESS	PD HESSEL, 24301 W	Aay 1, 2005 OFFICERS AND DIF MICHAEL ALDEN CENTER DR	RECTORS	Trust Fund C	11. IIILE NAME STREE	on.	PP Ron 1068	Added to Fees DDITIONS/CHA	INGES TO OF	Fiorida Depa FICERS AND D	RECTORS IN	tate
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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.