


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 Zip		City & State Zip	
Country		Country	
4. FEI Number 59-3759306		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <i>Sylvia Keith</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SYLVIA KEITH <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 3/25/05 <small>DATE</small>		Filing Fee is \$61.25 Due by May 1, 2005	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HESSEL, MICHAEL 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RONYAK, PAUL 10684 AVILA CIRCLE FT. MYERS, FL. 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEITH, SYLVIA 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAQRANDOFF, ERIC 10692 AVILA CIRCLE FT. MYERS, FL. 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BENEDICT, IAN 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLAKE, MIKE 10576 AVILA CIRCLE FT. MYERS, FL. 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALES, DIANE 10667 AVILA CIRCLE FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWEN, BILL 10404 AVILA CIRCLE FT. MYERS, FL. 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, WILLIAM 10581 AVILA CIRCLE FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWLEY, DENNIS 10537 AVILA CIRCLE FT. MYERS, FL. 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Paul G. Ronyak, Pres</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-30-05 Daytime Phone # 239-481-2648	