

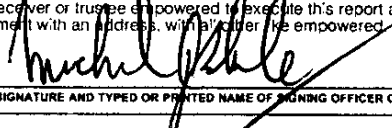


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90086 023 \*\*\*\*66.25

<b>DOCUMENT # N01000008501</b>			
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 <b>9411 Cypress Lake Drive</b>		3. Mailing Address <b>9411 Cypress Lake Drive</b>	
Suite, Apt. #, etc. <b>Suite 2</b>		Suite, Apt. #, etc. <b>Suite 2</b>	
City & State <b>Fort Myers, FL</b>		City & State <b>Fort Myers, FL</b>	
Zip <b>33919</b>	Country <b>USA</b>	Zip <b>33919</b>	Country <b>USA</b>
4. FEI Number <b>59-3759306</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WCI COMMUNICATIES PROPERTY MGMT INC 24301 WALDEN CENTER DR 300 BONITA SPRINGS, FL 34134</b>		7. Name and Address of New Registered Agent Name <b>Bob Gelles c/o Schoo Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>9411-2 Cypress Lake Drive</b> City <b>Fort Myers</b> FL Zip Code <b>33919</b>	
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 fee (Not applicable). (NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> 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 RONVAK, PAUL 10684 AVILA CIR FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ken Bradford 10671 Avila Circle Fort Myers, FL 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BAGRANOFF, ERIC 10692 AVILA CIR FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Toby Appel 10691 Avila Circle Fort Myers, FL 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BLAKE, MIKE 10576 AVILA CIR FORT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COWAN, BILL 10404 AVILA CIR FORT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Bill Cowan COWAN 10404 Avila Circle Fort Myers, FL 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CROWLEY, DENNIS 10537 AVILA CIRCLE FORT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Dennis Crowley 10537 Avila Circle Fort Myers, FL 33913 <input checked="" type="checkbox"/> Change <input 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 exemptions contained in Chapter 119, 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 authority, be empowered			
SIGNATURE: 		SECRETARY/DIRECTOR 4-29-06 239-561-9350	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
<b>MICHAEL S. BLAKE</b>			