


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90009 029 ****61.25

DOCUMENT # N01000008501

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



Principal Place of Business
9411 CYPRESS LAKE DRIVE SUITE 2 FORT MYERS, FL 33919

Mailing Address
9411 CYPRESS LAKE DRIVE SUITE 2 FORT MYERS, FL 33919

40113410



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

06012007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-3759306

Applied For
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BOB GELLES C/O SCHOO MANAGEMENT
 9411-2 CYPRESS LAKE DR
 FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by September 14, 2007**

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	D	<input type="checkbox"/> Delete
NAME	BRADFORD, KEN	
STREET ADDRESS	10671 AVILA CIR	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	APPEL, TOBY	
STREET ADDRESS	10691 AVILA CIR	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BLAKE, MIKE	
STREET ADDRESS	10576 AVILA CIR	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE	D	<input type="checkbox"/> Delete
NAME	COWAN, BILL	
STREET ADDRESS	10404 AVILA CIR	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CROWLEY, DENNIS	
STREET ADDRESS	10537 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESTON, WILLARD	
STREET ADDRESS	10720 AVILA CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE	VP STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, MIKE	
STREET ADDRESS	10576 AVILA CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWLEY, DENNIS	
STREET ADDRESS	10573 AVILA CIRCLE	
CITY-ST-ZIP	FORT 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 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 all other like empowered.

SIGNATURE: Michael Blake Date: 5/29/07 (239) 561-9350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR