


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90020 001 ****70.00

DOCUMENT # N01000008501

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



Principal Place of Business Mailing Address

**9411 CYPRESS LAKE DRIVE
SUITE 2
FORT MYERS FL 33919** **9411 CYPRESS LAKE DRIVE
SUITE 2
FORT MYERS FL 33919**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

5781 LEE BLVD
208-324
LEHIGH ACRES, FL

4. FEI Number Applied For

59-3759306 Not Applicable

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



1st MOORE CR2E037 (10/07)

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 type="checkbox"/> Delete
NAME	PRESTON, WILLARD	
STREET ADDRESS	10720 AVILA CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	BLAKE, MIKE	
STREET ADDRESS	10576 AVILA CIR	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COWAN, BILL	
STREET ADDRESS	10404 AVILA CIR	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	PD	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONYAK PAUL	
STREET ADDRESS	10684 AVILA CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 Section 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 J Blake* **MICHAEL J BLAKE** **3-24-08** **239-561-9350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #