

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0100008501 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		City & State
Zip	Country	Zip
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, VIVIAN N 24301 WALDEN CENTER DR 300 BONITA SPRINGS, FL 34134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when withdrawing)</small>		
FILE NOW - FEE IS \$61.25		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 PD NAME TIEFENBACH, RENE STREET ADDRESS 24301 WALDEN CENTER DR CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE VPD NAME BRASINGTON, CHARLES STREET ADDRESS 2020 CLUBHOUSE DR. CITY-ST-ZIP SUN CITY CENTER, FL 33573
TITLE STD NAME KEITH, SYLVIA STREET ADDRESS 2020 CLUBHOUSE DR CITY-ST-ZIP SUN CITY CENTER, FL 33673	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME FLINN, MILT STREET ADDRESS 24301 WALDEN CENTER DR STE 300 CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GONZALEZ, DIANE STREET ADDRESS 24301 WALDEN CENTER DR CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE D NAME GONZALEZ, DIANE STREET ADDRESS 10667 AVILA CIRCLE CITY-ST-ZIP FT. MYERS, FL. 33913
TITLE D NAME RAY, WILLIAM STREET ADDRESS 24301 WALDEN CENTER DR CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE D NAME RAY, WILLIAM STREET ADDRESS 10581 AVILA CIRCLE CITY-ST-ZIP FT. MYERS, FL. 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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>Sylvia Keith</i> SYLVIA KEITH		4/14/03 813-642-1454

60020488



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)