

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724166

**Entity Name:** AVILA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

17620-A ATLANTIC BLVD.  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17620-A ATLANTIC BLVD.  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 59-1504433

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AVILA MANAGEMENT SERVICES  
17620-A ATLANTIC BLVD  
SUNNY ISLES BEACH, FL 33160 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            FIGALLO, JUAN  
Address        17560 ATLANTIC BLVD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            V.P.  
Name            GOLDSTEIN, FANNY  
Address        17570  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            TRES  
Name            LINARES, ELIZABETH  
Address        200-177TH DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            SEC  
Name            POLETTO, MIRIAM  
Address        17560 ATLANTIC BLVD.  
City-State-Zip: SUNNY ISLES BCH FL 33160

Title            DIRECTOR  
Name            ABIZKIR, CLEMENT  
Address        200 - 177TH DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            DIRECTOR  
Name            NAPOLITANO, JOHN  
Address        17570 ATLANTIC BLVD  
City-State-Zip: SUNNY ISLES FL 33160

Title            DIRECTOR  
Name            FLEURENT, GERMAIN  
Address        200-177TH DRIVE  
City-State-Zip: SUNNY ISLES BEACH FL

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIZABETH LINARES

**TREASURER**

**03/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date