

**2018 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 US

**FEI Number:** 59-1504433

**Certificate of Status Desired:** No

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

SHIR LAW GROUP, P.A.  
2295 NW CORPORATE BLVD., SUITE 140  
BOCA RATON, FL 33431 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            PRESIDENT  
Name            CARCASSES, JONATHAN  
Address        17620-A ATLANTIC BLVD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            SECRETARY, TREASURER  
Name            TALAVERA, MARTHA  
Address        17620-A ATLANTIC BLVD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            VP  
Name            ROJAS, MARIA  
Address        17620-A ATLANTIC BLVD.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            DIRECTOR  
Name            DANIELI, MILKO  
Address        17620-A ATLANTIC BO ULEVARD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            DIRECTOR  
Name            MOKROPOULO, EDOUARD  
Address        17620-A ATLANTIC BOULEVARD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** JONATHAN CARCASSES

**PRESIDENT**

**04/05/2018**

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

\_\_\_\_\_  
Date