

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008501

**FILED**  
**Jan 10, 2015**  
**Secretary of State**  
**CC6731009648**

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

**Current Principal Place of Business:**

9411 CYPRESS LAKE DRIVE  
SUITE 2  
FORT MYERS, FL 33919

**Current Mailing Address:**

9411 CYPRESS LAKE DRIVE  
SUITE 2  
FORT MYERS, FL 33919

**FEI Number: 59-3759306**

**Certificate of Status Desired: No**

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

BOB GELLES C/O SCHOO MANAGEMENT  
9411-2 CYPRESS LAKE DR  
FORT MYERS, FL 33919 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 P  
Name BARRETTE, LINDA  
Address 10581 AVILA CIRCLE  
City-State-Zip: FORT MYERS FL 33913

Title VP  
Name SCOTT, JEANINE  
Address 10688 AVILA CIRCLE  
City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR  
Name CROWLEY, DENNIS  
Address 10573 AVILA CIRCLE  
City-State-Zip: FORT MYERS FL 33913

Title S  
Name RONYAK, PAUL  
Address 10684 AVILA CIRCLE  
City-State-Zip: FORT MYERS FL 33913

Title D  
Name MCNEIL, MATT  
Address 10593 AVILA CIRCLE  
City-State-Zip: FORT MYERS FL 33913

*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: LINDA BARRETTE**

**PRESIDENT**

**01/10/2015**

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

\_\_\_\_\_  
Date