

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008501

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

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC9007860118**

**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 PRESTON, WILLARD  
Address 10720 AVILA CIRCLE  
City-State-Zip: FORT MYERS FL 33913

Title VP  
Name BOUCHER, KATHY  
Address 10584 AVILA CIRCLE  
City-State-Zip: FORT MYERS FL 33913

Title T  
Name LEESON, RICK  
Address 10529 AVILA CIRCLE  
City-State-Zip: FORT MYERS FL 33913

Title S  
Name BARRETTE, LINDA  
Address 10581 AVILA CIRCLE  
City-State-Zip: FORT MYERS FL 33913

Title D  
Name BLAKE, MARTHA  
Address 10576 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: WILLARD PRESTON**

**PRESIDENT**

**01/10/2014**

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

\_\_\_\_\_  
Date