2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 26, 2024
Secretary of State
9963441856CC

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Entity Name: AVILA EL JARDIN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1648 SE PORT ST LUCIE BLVD.
PORT ST. LUCIE, FL 34952

Current Mailing Address:

C/O WATSON ASSOCIATION MANAGEMENT, LLC
1648 SE PORT ST LUCIE BLVD.
PORT ST. LUCIE, FL 34952 US

FEI Number: 20-2000026

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATSON ASSOCIATION MANAGEMENT, LLC
1648 SE PORT ST LUCIE BLVD.
PORT ST. LUCIE, FL 34952 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: KATHERINE PASS 04/26/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	DEVINE, HELEN
Address	1648 SE PORT ST LUCIE BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	VP
Name	MARCH, YVONNE
Address	1648 SE PORT ST LUCIE BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	DIRECTOR
Name	HARKER, COLLEEN
Address	C/O WATSON ASSOCIATION MANAGEMENT, LLC 1648 SE PORT ST LUCIE BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	TREASURER, SECRETARY
Name	VENN, MARTHA
Address	1648 SE PORT ST LUCIE BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	DIRECTOR
Name	ADLER, ROBERT
Address	C/O WATSON ASSOCIATION MANAGEMENT, LLC 1648 SE PORT ST LUCIE BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34952

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: HELEN DEVINE PRESIDENT 04/26/2024

Electronic Signature of Signing Officer/Director Detail — Date