4/2.

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-02-2001 90084 028 ****61.25

DOCUMENT # 724166

1. Entity Name

AVILA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17620 ATLANTIC BLVD. SUNNY ISLES BEACH FL 33160	17620 ATLANTIC BLVD. SUNNY ISLES BEACH FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEGAL, WILLIAM
20801 BISCAYNE BLVD SUITE 304
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name WILLIAM SEGAL

Street Address (P.O. Box Number is Not Acceptable)

SAME ON left

City **FL** Zip Code

8. 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.

SAME AS ABOVE.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORE, REAL 200 177 DR SUNNY ISLES BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PD ALDO RODRIGUEZ 17560 ATLANTIC BLVD. SUNNY ISLES, FL 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AZZATO, TONY 200 177TH DRIVE MIAMI BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SD PHYLLIS REISS 200 177TH DRIVE MIAMI BEACH, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DISANGRO, ROCCO 17560 ATLANTIC BLVD MIAMI BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR D MARIO TERGA 17560 ATLANTIC BLVD. MIAMI BEACH, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWEED, BARBARA A 17560 ATLANTIC BLVD SUNNY ISLES BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER TD JORGE7SANTOS 200 177TH DRIVE SUNNY ISLES, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEHNER, BERNICE 17560 ATLANTIC BLVD MIAMI BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT VD JULISSA MOREIRA 17560 ATLANTIC BLVD. MIAMI BEACH, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATJORGESANTOS ED 03.28.01 (305) 931-2850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #