2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2008 8:00 am
Secretary of State
05-06-2008 90030 027 ****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

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
17620-A Atlantic Blvd	17620-A Atlantic Blud
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunny Isles Beach FL	City & State: Sonny Isles Beach.
Zip: 33160 Country:	Zip: 33160 Country:

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REYES, GEMMA 17560 ATLANTIC BLVD APT 214 SUNNY ISELSE BEACH FL 33160	Name: C/O AVILA MANAGEMENT SERVICES Street Address (P.O. Box Number is Not Acceptable): 17620-A ATLANTIC BWD City: Sunny Isles Beach FL Zip Code: 33160

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARCILA, WILLIAM H 17620 ATLANTIC BLVD APT 109 MIAMI BEACH FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFICER \ DIRECTOR. MARTHA MARSHALL 200 177TH DRIVE # 110 SUNNY ISLES BEACH FL 33160 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O FIGALLO, JUAN 17560 ATLANTIC BLVD APT 218 MIAMI BEACH FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REYES, GEMMA 17560 ATLANTIC BLVD APT 214 SUNNY ISLES FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ALDO RODRIGUEZ 17560 ATLANTIC BLVD APT 409 SUNNY ISLES BEACH FL 33160 ☑ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARSHALL, PAUL 200 177TH DRIVE #110 MIAMI BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PAUL MARSHALL 200 177th Dr. SUNNY ISLES BEACH FL. 33160 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O MCDERMOTT, GERTRUDE 17560 ATLANTIC BLVD APT 115 SUNNY ISLES BCH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GERTRUDE MC DERMOTT 17560 ATLANTIC BLVD APT 115 SUNNY ISLES BEACH FL 33160 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC GARRETT, GERRALDINE 17570 ATLANTIC BLVD # 503 SUNNY ISLES BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC GERALDINE GARRETT 17570 ATLANTIC BLVD SUNNY ISLE BEACH, FL 33160 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Paul D. Marshall PAUL D. MARSHALL 4/17/08 305 932-2858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number