

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000490

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** AVILA BAY TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

600 NORTH WESTSHORE BLVD.  
STE. 900  
TAMPA, FL 33609

**New Principal Place of Business:**

15550 LIGHTWAVE DRIVE  
SUITE 210  
CLEARWATER, FL 33760

**Current Mailing Address:**

600 NORTH WESTSHORE BLVD.  
STE. 900  
TAMPA, FL 33609

**New Mailing Address:**

15550 LIGHTWAVE DRIVE  
SUITE 210  
CLEARWATER, FL 33760

**FEI Number:** 84-1702572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

O'RYAN, CHRISTIAN F  
2701 NORTH ROCKY POINT DRIVE  
SUITE 900  
TAMPA, FL 33607 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FULGHUM, JOE  
Address: 15550 LIGHTWAVE DRIVE, SUITE 210  
City-St-Zip: CLEARWATER, FL 33760

Title: VD  
Name: HOTOP, CRAIG  
Address: 15550 LIGHTWAVE DRIVE, SUITE 210  
City-St-Zip: CLEARWATER, FL 33760

Title: STD  
Name: DIDOMENICO, FIONA  
Address: 15550 LIGHTWAVE DRIVE, SUITE 210  
City-St-Zip: CLEARWATER, FL 33760

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: JOE FULGHUM

PD

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date