


# ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90075 049 \*\*\*158.75

<b>DOCUMENT # 365956</b> 1. Entity Name AVATAR CONDOMINIUM MANAGEMENT INC.	
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Principal Place of Business 201 ALHAMBRA CIRCEL 12TH FL CORAL GABLES, FL 33134-5102	Mailing Address 201 ALHAMBRA CIRCEL 12TH FL CORAL GABLES, FL 33134-5102
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2. Principal Place of Business	3. Mailing Address	03192004 Chg-P CR2E034 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number <b>59-1525639</b>
Zip	Country	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



<b>6. Name and Address of Current Registered Agent</b>  KERRIGAN, JUANITA I 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD GETMAN, DENNIS J. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 ALHAMBRA CIRCLE 12TH FL	NAME	
STREET ADDRESS	CORAL GABLES, FL 33134	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S KERRIGAN, JUANITA I. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 ALHAMBRA CIRCLE 12TH FL	NAME	
STREET ADDRESS	CORAL GABLES, FL 33134	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD RAYMOND, WARREN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 ALHAMBRA CIRCLE 12TH FL	NAME	
STREET ADDRESS	CORAL GABLES, FL 33134	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VTD MCNAIRY, CHARLES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 ALHAMBRA CIRCLE 12TH FL	NAME	
STREET ADDRESS	CORAL GABLES, FL 33134	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 607, 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: Juanita I. Kerrigan, Secretary 4/23/04 (305) 442-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 JUANITA I. KERRIGAN