## 2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000141489

Entity Name: AVH NORTH FLORIDA, LLC

**Current Principal Place of Business:** 

4900 NORTH SCOTTSDALE ROAD

**SUITE 2000** 

SCOTTSDALE, AZ 85251

**Current Mailing Address:** 

4900 NORTH SCOTTSDALE ROAD SUITE 2000

SCOTTSDALE, AZ 85251 US

FEI Number: 47-4935307 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Oct 02, 2018

Secretary of State

CC1811639528

Authorized Person(s) Detail:

Title PRESIDENT Title VP

Name KEMPTON, JOHN STEVEN Name FONTANA, JOSEPH ("JOE")

Address 551 NORTH CATTLEMEN RD. Address 3922 COCONUT PALM DRIVE

SUITE 200 SUITE 108

City-State-Zip: SARASOTA FL 34232 City-State-Zip: TAMPA FL 33619

Title VP Title VP

Name BRIONES, TRACY Name FITZPATRICK, DAN

Address 3922 COCONUT PALM DRIVE Address 2600 LAKE LUCIEN DRIVE

SUITE 108 SUITE 350

TAMPA FL 33619 City-State-Zip: MAITLAND FL 32779

Title VP Title CFO, EXECUTIVE VICE PRESIDENT

Name BUDD, SHAWN Name CONE, C. DAVID

Address 320 PASEO REYES DR. Address 4900 NORTH SCOTTSDALE ROAD

SUITE 2000

City-State-Zip: ST. AUGUSTINE FL 32095

City-State-Zip: SCOTTSDALE AZ 85251

Title SECRETARY, EXECUTIVE VICE

PRESIDENT, CHIEF LEGAL OFFICER

Name

SHERMAN, DARRELL C.

Title

VP, ASST. SECRETARY

MERRILL, S. TODD

Address 4900 NORTH SCOTTSDALE ROAD Address 1211 N. WESTSHORE BLVD

SUITE 2000 SUITE 512

City-State-Zip: SCOTTSDALE AZ 85251 City-State-Zip: TAMPA FL 33607

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLINE G. ESTRADA

**ASST. SECRETARY** 

10/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

## Authorized Person(s) Detail Continued:

2600 LAKE LUCIEN DRIVE

MAITLAND FL 32779

SUITE 350

Address

City-State-Zip:

Title VP, ASST. SECRETARY Title VP, ASST. SECRETARY

Name ARONOVITCH, BENJAMIN J. Name BOSS, KRISTY

Address 4900 NORTH SCOTTSDALE ROAD Address 1211 N. WESTSHORE BLVD

SUITE 2000 SUITE 512

City-State-Zip: SCOTTSDALE AZ 85251 City-State-Zip: TAMPA FL 33607

Title ASST. SECRETARY Title MEMBER

Name ESTRADA, CAROLINE G. Name AVATAR PROPERTIES INC.

Address 4900 NORTH SCOTTSDALE ROAD Address 4900 NORTH SCOTTSDALE ROAD

SUITE 2000 SUITE 2000

City-State-Zip: SCOTTSDALE AZ 85251 City-State-Zip: SCOTTSDALE AZ 85251

Title AUTHORIZED AGENT (JACKSONVILLE) - Title AUTHORIZED AGENT

CLOSING, AUTHORIZED AGENT (JACKSONVILLE) (JACKSONVILLE) - CLOSING,
- SALES
- SALES (JACKSONVILLE) - SALES
- COCHRAN ANCIE

Name COCHRAN, ANGIE (JACKSONVILLE) - SALES

Name RECTENWALD, DEBORAH

Address 2600 LAKE LUCIEN DRIVE SUITE 350 Address 2600 LAKE LUCIEN DRIVE

City-State-Zip: MAITLAND FL 32779

City-State-Zip: MAITLAND FL 32779

Title AUTHORIZED AGENT (JACKSONVILLE) -

CLOSING, AUTHORIZED AGENT (JACKSONVILLE) Title AUTHORIZED AGENT
- SALES (JACKSONVILLE) - CLOSING.

 
 Name
 PALLARES, ANGELA
 AUTHORIZED AGENT (JACKSONVILLE) - SALES

 Address
 2600 LAKE LUCIEN DRIVE
 Name
 FERNANDEZ, VICTORIA

SUITE 350

City-State-Zip: MAITLAND FL 32779

Address 2600 LAKE LUCIEN DRIVE SUITE 350

35/12 550

Title AUTHORIZED AGENT (JACKSONVILLE) - City-State-Zip: MAITLAND FL 32779

OPERATING BANK ACCOUNTS

Name LUONG, CONNIE