## 2022 FLORIDA LIMITED LIABILITY COMPANY 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:

REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR, SUITE A TALLAHASSEE, FL 32301 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:

City-State-Zip:

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title PRESIDENT Title VP

Name KEMPTON, JOHN STEVEN Name BRIONES, TRACY

Address 551 NORTH CATTLEMEN RD. Address 2600 LAKE LUCIEN DRIVE

SUITE 200 SUITE 350

City-State-Zip: SARASOTA FL 34232 City-State-Zip: MAITLAND FL 32751

Title CFO, EXECUTIVE VICE PRESIDENT Title SECRETARY, EXECUTIVE VICE

Name STEFFENS, LOUIS ("LOU") E. PRESIDENT, CHIEF LEGAL OFFICER

Name SHERMAN, DARRELL C.
Address 4900 NORTH SCOTTSDALE ROAD

SUITE 2000 NORTH SCOTTSDALE ROAD
Address 4900 NORTH SCOTTSDALE ROAD

SCOTTSDALE AZ 85251 SUITE 2000

City-State-Zip: SCOTTSDALE AZ 85251

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

Name MERRILL, S. TODD Name BOSS, KRISTY

Address 3030 N. ROCKY POINT DR.

SUITE 710 Address 3030 N. ROCKY POINT DR.

City-State-Zip: TAMPA FL 33607

City-State-Zip: TAMPA FL 33607
Title ASST. SECRETARY

Name ESTRADA, CAROLINE G.

Name AVATAR PROPERTIES INC.

Address 4900 NORTH SCOTTSDALE ROAD

SUITE 2000 Address 4900 NORTH SCOTTSDALE ROAD

SCOTTSDALE AZ 85251

City-State-Zip: SCOTTSDALE AZ 85251

Continues on page 2

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 04/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 09, 2022

**Secretary of State** 

3629252126CC

Authorized Person(s) Detail Continued:

Title ASST. VICE PRESIDENT, QUALIFIED BROKER

Name LOPEZ, HECTOR

Address 2600 LAKE LUCIEN DRIVE

SUITE 350

City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED AGENT- (ORLANDO) - CLOSING;

SALES; OPERATING BANK ACCOUNTS

Name TORRES, LYMARI

Address 2600 LAKE LUCIEN DRIVE

SUITE 350

City-State-Zip: MAITLAND FL 32751

Title VP

Name ROSELLO, RICHARD ("RICH")

Address 2600 LAKE LUCIEN DRIVE

SUITE 350

City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED AGENT (JACKSONVILLE) - LAND

ACQUISITION

Name BECKLEY, MICHAEL ("MIKE")

Address 7785 BAYMEADOWS WAY

SUITE 105

City-State-Zip: JACKSONVILLE FL 32256

Title AUTHORIZED AGENT (ORLANDO) - LAND

DEVELOPMENT; AUTHORIZED AGENT

(ORLANDO) - LAND PERMITS

Name ISAACS, HEATHER

Address 2600 LAKE LUCIEN DRIVE

SUITE 350

City-State-Zip: MAITLAND FL 32751

Title VP

Name MILLER, FREDERICK ("FRED")

Address 2600 LAKE LUCIEN DRIVE

**SUITE 350** 

City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED AGENT (JACKSONVILLE)-

CLOSING; OPERATING BANK ACCOUNTS; SALES

Name FELVER, CARROLLINE

Address 7785 BAYMEADOWS WAY

SUITE 105

City-State-Zip: JACKSONVILLE FL 32256

Title VP

Name MCKINNEY, G. CHRISTOPHER

Address 7785 BAYMEADOWS WAY

SUITE 105

City-State-Zip: JACKSONVILLE FL 32256

Title AUTHORIZED AGENT (JACKSONVILLE) -

**FINANCE** 

Name PADGETT, SHARI

Address 7785 BAYMEADOWS WAY

SUITE 105

Title AUTHORIZED AGENT

(JACKSONVILLE) - CLOSING, AUTHORIZED AGENT

(JACKSONVILLE) - SALES

Name DENNIS, LISA

Address 7785 BAYMEADOWS WAY

SUITE 105

City-State-Zip: JACKSONVILLE FL 32256

Title VP

Name KOON, DAVID

Address 7785 BAYMEADOWS WAY

SUITE 105

City-State-Zip: JACKSONVILLE FL 32256

Title AUTHORIZED AGENT- (ORLANDO) -

CLOSING; SALES; OPERATING BANK

ACCOUNTS

Name HERSKOVITZ, AMY

Address 2600 LAKE LUCIEN DRIVE

SUITE 350

City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED AGENT (ORLANDO) -

LAND DEVELOPMENT

Name FELLOWS, JEFFREY ("JEFF")

Address 2600 LAKE LUCIEN DRIVE

SUITE 350

City-State-Zip: MAITLAND FL 32751

Title ASST. SECRETARY
Name MCNEIL, CHRISTY A.

Address 4695 MACARTHUR COURT

8TH FLOOR

City-State-Zip: NEWPORT BEACH CA 92660

Title VP

Name UNDERWOOD, JOEL

Address 2600 LAKE LUCIEN DRIVE

SUITE 350

City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED AGENT (ORLANDO)-

LAND DEVELOPMENT; LAND

PERMITS

Name KALIN, JOSHUA

Address 2600 LAKE LUCIEN DRIVE

SUITE 350

City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED AGENT

(JACKSONVILLE) - LAND

ACQUISITION; LAND DEVELOPMENT

Name OWENS, MICHAEL

Address 7785 BAYMEADOWS WAY

SUITE 105

City-State-Zip: JACKSONVILLE FL 32256

City-State-Zip: JACKSONVILLE FL 32256