

**2022 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:**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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT
Name	KEMPTON, JOHN STEVEN
Address	551 NORTH CATTLEMEN RD. SUITE 200
City-State-Zip:	SARASOTA FL 34232
Title	CFO, EXECUTIVE VICE PRESIDENT
Name	STEFFENS, LOUIS ("LOU") E.
Address	4900 NORTH SCOTTSDALE ROAD SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251
Title	VP, ASST. SECRETARY
Name	MERRILL, S. TODD
Address	3030 N. ROCKY POINT DR. SUITE 710
City-State-Zip:	TAMPA FL 33607
Title	ASST. SECRETARY
Name	ESTRADA, CAROLINE G.
Address	4900 NORTH SCOTTSDALE ROAD SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251

Title	VP
Name	BRIONES, TRACY
Address	2600 LAKE LUCIEN DRIVE SUITE 350
City-State-Zip:	MAITLAND FL 32751
Title	SECRETARY, EXECUTIVE VICE PRESIDENT, CHIEF LEGAL OFFICER
Name	SHERMAN, DARRELL C.
Address	4900 NORTH SCOTTSDALE ROAD SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251
Title	VP, ASST. SECRETARY
Name	BOSS, KRISTY
Address	3030 N. ROCKY POINT DR. SUITE 710
City-State-Zip:	TAMPA FL 33607
Title	MEMBER
Name	AVATAR PROPERTIES INC.
Address	4900 NORTH SCOTTSDALE ROAD SUITE 2000
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

07/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

**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, LYMAR  
Address 2600 LAKE LUCIEN DRIVE  
SUITE 350  
City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED AGENT- (ORLANDO) - CLOSING;  
SALES; OPERATING BANK ACCOUNTS  
Name DELGADO, DENYS  
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

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) -  
LAND DEVELOPMENT  
Name FELLOWS, JEFFREY ("JEFF")  
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  
City-State-Zip: JACKSONVILLE FL 32256