

2019 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:**

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	VP
Name	BRIONES, TRACY
Address	3922 COCONUT PALM DRIVE SUITE 108
City-State-Zip:	TAMPA FL 33619

Title	VP
Name	FITZPATRICK, DANIEL ("DAN")
Address	2600 LAKE LUCIEN DRIVE SUITE 350
City-State-Zip:	MAITLAND FL 32751

Title	VP
Name	BUDD, SHAWN
Address	320 PASEO REYES DR.
City-State-Zip:	ST. AUGUSTINE FL 32095

Title	CFO, EXECUTIVE VICE PRESIDENT
Name	CONE, C. DAVID
Address	4900 NORTH SCOTTSDALE ROAD SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251

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	MERRILL, S. TODD
Address	1211 N. WESTSHORE BLVD SUITE 512
City-State-Zip:	TAMPA FL 33607

Title	VP, ASST. SECRETARY
Name	ARONOVITCH, BENJAMIN J.
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**ASSISTANT SECRETARY** 07/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP, ASST. SECRETARY
Name BOSS, KRISTY
Address 1211 N. WESTSHORE BLVD
SUITE 512
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

Title AUTHORIZED AGENT (JACKSONVILLE) -
CLOSING, AUTHORIZED AGENT (JACKSONVILLE)
- SALES
Name RECTENWALD, DEBORAH
Address 2600 LAKE LUCIEN DRIVE
SUITE 350
City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED AGENT (JACKSONVILLE) -
CLOSING, AUTHORIZED AGENT (JACKSONVILLE)
- SALES
Name FERNANDEZ, VICTORIA
Address 2600 LAKE LUCIEN DRIVE
SUITE 350
City-State-Zip: MAITLAND FL 32751

Title VP
Name MCPHERSON, LAURA DIANNE
Address 2600 LAKE LUCIEN DRIVE
SUITE 350
City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED AGENT (ORLANDO) - CLOSING,
AUTHORIZED AGENT (ORLANDO) - SALES
Name DENNIS, LISA
Address 2600 LAKE LUCIEN DRIVE
SUITE 350
City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED AGENT-CLOSING (ORLANDO),
AUTHORIZED AGENT-SALES (ORLANDO),
AUTHORIZED AGENT-OPERATING BANK
ACCOUNTS (ORLANDO)
Name TORRES, LYMARI
Address 2600 LAKE LUCIEN DRIVE
SUITE 350
City-State-Zip: MAITLAND FL 32751

Title ASST. SECRETARY
Name ESTRADA, CAROLINE G.
Address 4900 NORTH SCOTTSDALE ROAD
SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title AUTHORIZED AGENT
(JACKSONVILLE) - CLOSING,
AUTHORIZED AGENT
(JACKSONVILLE) - SALES
Name COCHRAN, ANGELA
Address 2600 LAKE LUCIEN DRIVE
SUITE 350
City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED AGENT
(JACKSONVILLE) - CLOSING,
AUTHORIZED AGENT
(JACKSONVILLE) - SALES
Name PALLARES, ANGELA
Address 2600 LAKE LUCIEN DRIVE
SUITE 350
City-State-Zip: MAITLAND FL 32751

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 - CLOSING
(JACKSONVILLE), AUTHORIZED
AGENT - SALES (JACKSONVILLE)
Name TRAYNOR, JACK
Address 2600 LAKE LUCIEN DRIVE, SUITE 350
City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED AGENT-CLOSING (JAX),
AUTHORIZED AGENT-SALES (JAX),
AUTHORIZED AGENT-CLOSING
(ORLANDO), AUTHORIZED AGENT-
SALES (ORLANDO)
Name DAWSON, CAITLIN
Address 2600 LAKE LUCIEN DRIVE
SUITE 350
City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED AGENT-CLOSING
(ORLANDO), AUTHORIZED AGENT-
SALES (ORLANDO), AUTHORIZED
AGENT-OPERATING BANK
ACCOUNTS (ORLANDO)
Name NYARIRI, FONTANE K.
Address 2600 LAKE LUCIEN DRIVE
SUITE 350
City-State-Zip: MAITLAND FL 32751