

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006080

Entity Name: AVATAR RETIREMENT COMMUNITIES, INC.**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:** 65-0788927**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

Officer/Director Detail :

| | |
|-----------------|--|
| Title | PRESIDENT, DIRECTOR |
| 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 | SHAREHOLDER |
| Name | AV HOMES, INC. |
| 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 | 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 | ASST. SECRETARY |
| Name | ESTRADA, CAROLINE G. |
| Address | 4900 NORTH SCOTTSDALE ROAD SUITE 2000 |
| City-State-Zip: | SCOTTSDALE AZ 85251 |
| Title | VP, DIRECTOR |
| Name | BRUNHOFER, BRIAN |
| Address | 2600 LAKE LUCIEN DRIVE SUITE 350 |
| City-State-Zip: | MAITLAND FL 32751 |

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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 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLINE G. ESTRADA

ASST. SECRETARY

04/09/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name KOON, DAVID
Address 7785 BAYMEADOWS WAY
SUITE 105
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name BRIONES, TRACY
Address 2600 LAKE LUCIEN DRIVE
SUITE 350
City-State-Zip: MAITLAND FL 32751

Title VP
Name UNDERWOOD, JOEL
Address 2600 LAKE LUCIEN DRIVE
SUITE 350
City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED AGENT (JACKSONVILLE) -
FINANCE
Name PADGETT, SHARI
Address 7785 BAYMEADOWS WAY
SUITE 105
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name MANSFIELD, MICHAEL ("MIKE")
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 VP
Name MCKINNEY, G. CHRISTOPHER
Address 7785 BAYMEADOWS WAY
SUITE 105
City-State-Zip: JACKSONVILLE FL 32256