2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006080

Entity Name: AVATAR RETIREMENT COMMUNITIES, INC.

FILED Apr 30, 2023 Secretary of State 9483038610CC

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. 2894 REMINGTON GREEN LANE SUITE A

TALLAHASSEE, FL 32308 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:

Name

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP, ASST. SECRETARY Name KEMPTON, JOHN STEVEN Name SHEPPARD, SHANNON

551 NORTH CATTLEMEN RD. 3030 N. ROCKY POINT DR. Address Address SUITE 710

SUITE 200

City-State-Zip: SARASOTA FL 34232 City-State-Zip: TAMPA FL 33607

Title CFO, EXECUTIVE VICE PRESIDENT Title SECRETARY, EXECUTIVE VICE

PRESIDENT, CHIEF LEGAL OFFICER Name VANHYFTE, CURTIS ("CURT")

Name SHERMAN, DARRELL C.

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 VP, ASST. SECRETARY

Title ASST. SECRETARY MERRILL, S. TODD Name Name ESTRADA, CAROLINE G.

Address 3030 N. ROCKY POINT DR. Address 4900 NORTH SCOTTSDALE ROAD SUITE 710

SUITE 2000 TAMPA FL 33607

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

Title SHAREHOLDER Title VP, DIRECTOR

AV HOMES, INC. BRUNHOFER, BRIAN Name Address 4900 NORTH SCOTTSDALE ROAD

2600 LAKE LUCIEN DRIVE Address **SUITE 2000** SUITE 350

SCOTTSDALE AZ 85251 City-State-Zip: 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.

ASST. SECRETARY 04/30/2023 SIGNATURE: CAROLINE G. ESTRADA

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

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 VP

Name AGRESTA, STEVEN

Address 2600 LAKE LUCIEN DRIVE

SUITE350

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