

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra H. Marshall Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 365956 (2)

1. Corporation Name

AVATAR CONDOMINIUM MANAGEMENT INC.

Principal Place of Business

**255 ALHAMBRA CIR. 9TH FLOOR
CORAL GABLES FL 33134-5102**

Mailing Address

**255 ALHAMBRA CIR. 9TH FLOOR
CORAL GABLES FL 33134-5102**

**APPROVED
AND
FILED**

95 MAY -1 AM 9:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3a. Date of Last Report	
21		3b. Date of Last Report	
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100		3cc. Date of Last Report	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KERRIGAN, JUANITA I.
255 ALHAMBRA CIRCLE
9TH FL
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0802 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE

Signature of registered agent or registered agent of the corporation

Signature of registered agent or registered agent of the corporation

(2)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	GETMAN, DENNIS J.	1.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	1.3 STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL	1.4 CITY, ST, ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	KERRIGAN, JUANITA I.	2.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	2.3 STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL	2.4 CITY, ST, ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	RAYMOND, WARREN	3.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	3.3 STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SETTLES, G. PATRICK	4.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	4.3 STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL	4.4 CITY, ST, ZIP	
TITLE	VT	5.1 TITLE	☐ Change ☐ Addition
NAME	MCAIRY, CHARLES	5.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	5.3 STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 131.02(2)(b), Florida Statutes. I further certify that the information is filed on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 131, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an addition.

SIGNATURE: Juanita I. Kerrigan, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
JUANITA I. KERRIGAN

4/20/95 (305) 442-7000