

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 365956**

1. Entity Name  
AVATAR CONDOMINIUM MANAGEMENT INC.



Principal Place of Business  
201 ALHAMBRA CIRCEL  
12TH FL  
CORAL GABLES, FL 33134-5102

Mailing Address  
201 ALHAMBRA CIRCEL  
12TH FL  
CORAL GABLES, FL 33134-5102



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1525639

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

KERRIGAN, JUANITA I  
201 ALHAMBRA CIRCLE  
12TH FL  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	GETMAN, DENNIS J.
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	S
NAME	KERRIGAN, JUANITA I.
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	PD
NAME	RAYMOND, WARREN
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	VTD
NAME	MCNAIRY, CHARLES
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000557319  
05/17/06-80036-036 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juanita I. Kerrigan, Secretary 4/24/06 (305) 442-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
JUANITA I. KERRIGAN