

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92192 028 \*\*\*158.75

06/27/01  
FP

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1525639**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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

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

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: by: Juanita I. Kerrigan Secretary 4/24/03 (305) 442-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)