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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F69304

(6)

1. Corporation Name

AVATAR LEISURE LAKES, INC.



Principal Place of Business

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

Mailing Address

255 ALHAMBRA CIR. 9TH FL
CORAL GABLES FL 33134-7412

3. Date Incorporated or Qualified
03/03/1982

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
65-0012731

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD
NAME KERRIGAN, JUANITA I.
STREET ADDRESS 255 ALHAMBRA CIR.
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE P
NAME IORIO, JR. A
STREET ADDRESS 255 ALHAMBRA CIR.
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE VTD
NAME MCNAIRY, CHARLES
STREET ADDRESS 255 ALHAMBRA CIR.
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE VD
NAME GETMAN, DENNIS J.
STREET ADDRESS 255 ALHAMBRA CIR.
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE V
NAME COOK, DONALD
STREET ADDRESS 255 ALHAMBRA CIR.
CITY-ST-ZIP CORAL GABLES FL ☒ DELETE

TITLE V
NAME COUGHENOUR, JEANETTE
STREET ADDRESS 255 ALHAMBRA CIR.
CITY-ST-ZIP CORAL GABLES FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

V JACOBSON, EDWIN
255 ALHAMBRA CIR.
CORAL GABLES, FL 33134

14. I do 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 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B. Mortham, Secretary of State, Division of Corporations, 12-51111-3000

CR2E034 (9/96)