

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90024 033 ***158.75

DOCUMENT # F69304

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 33134-5102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1982

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 owes the current year Intangible
Personal Property Tax.

☐ 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)
201 Alhambra Circle

83

12th Floor

84 City

Coral Gables

FL

85 Zip Code
33134

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VSD	KERRIGAN, JUANITA I.	255 ALHAMBRA CIR.	CORAL GABLES FL	<input type="checkbox"/>
P	IORIO, JR. A	255 ALHAMBRA CIR.	CORAL GABLES FL	<input type="checkbox"/>
VTD	MCAIRY, CHARLES	255 ALHAMBRA CIR.	CORAL GABLES FL	<input type="checkbox"/>
VD	JACOBSON, EDWIN	255 ALHAMBRA CIR.	CORAL GABLES FL	<input checked="" type="checkbox"/>
V	CHURCHILL, ROBERT	255 ALHAMBRA CIR.	CORAL GABLES FL 33134	<input type="checkbox"/>
VD	GETMAN, DENNIS J.	255 ALHAMBRA CIR.	CORAL GABLES FL 33134	<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		201 Alhambra Circle 12th Floor	Coral Gables, Florida 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		201 Alhambra Circle 12th Floor	Coral Gables, Florida 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		201 Alhambra Circle 12th Floor	Coral Gables, Florida 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		201 Alhambra Circle 12th Floor	Coral Gables, Florida 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
		201 Alhambra Circle 12th Floor	Coral Gables, Florida 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
		201 Alhambra Circle 12th Floor	Coral Gables, Florida 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. 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 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, with all other like empowered.

SIGNATURE: *Juanita I. Kerrigan* JUANITA I. KERRIGAN 4/23/99 (305) 442-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0197375

CR2E034 (11/98)