2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F69304

1. Entity Name
AVATAR LEISURE LAKES, INC.

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134	201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

03292006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0012731 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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	VSD
NAME	KERRIGAN, JUANITA I.
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	P
NAME	IORIO, JR. A
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	VD
NAME	GETMAN, DENNIS J.
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	

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