

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # G23134

1. Entity Name
AVATAR POINCIANA, INC.



Principal Place of Business
**201 ALHAMBRA CIRCLE
12TH FL
CORAL GABLES, FL 33134 US**

Mailing Address
**201 ALHAMBRA CIRCLE
12TH FL
CORAL GABLES, FL 33134 US**



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FES Number
59-2370802

Applied For
Not Applicable

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

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 **P**
NAME **IORIO, JR. A S**
STREET ADDRESS **201 ALHAMBRA CIRCLE 12TH FL**
CITY- ST- ZIP **CORAL GABLES, FL 33134**

TITLE **VD**
NAME **GETMAN, DENNIS**
STREET ADDRESS **201 ALHAMBRA CIRCLE 12TH FL**
CITY- ST- ZIP **CORAL GABLES, FL 33134**

TITLE **VTD**
NAME **MCAIRY, CHARLES**
STREET ADDRESS **201 ALHAMBRA CIRCLE 12TH FL**
CITY- ST- ZIP **CORAL GABLES, FL 33134**

TITLE **SD**
NAME **KERRIGAN, JUANITA I.**
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

000000555125
05/16/06-80021-019 158.75

**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