

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90075 047 ***158.75

DOCUMENT # K77112

1. Entity Name
AVATAR CAMELOT ISLES, INC.



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

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

34000100



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0150543	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KERRIGAN, JUANITA I
201 ALHAMBRA CIRCLE
12TH FLOOR
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNAIRY, CHARLES 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GETMAN, DENNIS J. 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KERRIGAN, JUANITA I. 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMA, MICHAEL 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: my: Juanita I. Kerrigan, Secretary 4/23/04 (305) 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JUANITA I. KERRIGAN