

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90192 041 ***158.75

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1. Entity Name
AVATAR OCEAN PALMS, INC.



14004660



03172005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0233924

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GETMAN, DENNIS
201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **KELFER, GERALD**
STREET ADDRESS **201 ALHAMBRA CIRCLE**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **PELB, JONATHAN**
STREET ADDRESS **201 ALHAMBRA CIRCLE**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **LEVY, MICHAEL**
STREET ADDRESS **201 ALHAMBRA CIRCLE**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME **MENARY, CHARLES L**
STREET ADDRESS **201 ALHAMBRA CIRCLE**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **GETMAN, DENNIS J**
STREET ADDRESS **201 ALHAMBRA CIRCLE**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☐ Delete
NAME **KERRIGAN, JUANITA J**
STREET ADDRESS **201 ALHAMBRA CIRCLE**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Juanita J. Kerrigan, VP/Sec. 4/15/05 (305) 442-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JUANITA J. KERRIGAN