

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-27-2004 90075 021 \*\*\*158.75

**DOCUMENT # P93000050874**

1. Entity Name

AVATAR HARBOR ISLANDS, INC.



Principal Place of Business

201 ALHAMBRA CIRCLE  
12TH FL  
CORAL GABLES, FL 33134

Mailing Address

201 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134

**94068180**



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0437236

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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, 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	VD
NAME	GETMAN, DENNIS J
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	PD
NAME	MCNAIRY, CHARLES L
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VSD
NAME	KERRIGAN, JUANITA
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	T
NAME	RAMA, MICHAEL
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** *By: Juanita I. Kerrigan, VP/Sec* **4/23/04** **(305) 442-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JUANITA I. KERRIGAN*

Date

Daytime Phone #