

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0200316

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90037 024 \*\*\*158.75

DOCUMENT # P94000092244

1. Corporation Name

AVATAR BEACH RESORT, INC.

Principal Place of Business  
255 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134

Mailing Address  
255 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1994

4. FEI Number

65-0560385

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 201 Alhambra Circle

Suite, Apt. #, etc.  
22 12th Floor

City & State  
23 Coral Gables, Florida

Zip Country  
24 33134 25

2a. Mailing Address

26 201 Alhambra Circle

Suite, Apt. #, etc.  
27 12th Floor

City & State  
28 Coral Gables, Florida

Zip Country  
29 33134 30

9. Name and Address of Current Registered Agent

KERRIGAN, JUANITA I  
255 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

201 Alhambra Circle

83 12th Floor

84 City Coral Gables

FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME GETMAN, DENNIS  
STREET ADDRESS 255 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL

TITLE VSD ☐ DELETE

NAME KERRIGAN, JUANITA I  
STREET ADDRESS 255 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL

TITLE DVT ☐ DELETE

NAME MCNAIRY, CHARLES L  
STREET ADDRESS 255 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL

TITLE PD ☐ DELETE

NAME MOSSER, THOMAS  
STREET ADDRESS 315 RIVER ROAD  
CITY-ST-ZIP GATLINGBURG TN

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 201 Alhambra Circle 12th Floor  
1.4 CITY-ST-ZIP Coral Gables, Florida 33134

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 201 Alhambra Circle 12th Floor  
2.4 CITY-ST-ZIP Coral Gables, Florida 33134

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 201 Alhambra Circle 12th Floor  
3.4 CITY-ST-ZIP Coral Gables, Florida 33134

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By: Juanita I. Kerrigan JUANITA I. KERRIGAN 4/23/99 (305) 442-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)