

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

APPROVED  
AND  
FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham,  
Secretary of State  
DIVISION OF CORPORATIONS

1997 JUL 23 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000051799 (0)

1. Corporation Name

AVATAR NEW HOMES OF FLORIDA, INC.



Principal Place of Business

255 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134

Mailing Address

255 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134-7411

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/17/1996

3a. Date of Last Report

4. FEI Number

65-0692212

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

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)

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME CARLSON, GARY L  
STREET ADDRESS 255 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME GETMAN, DENNIS J  
STREET ADDRESS 255 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME MCNAIRY, CHARLES L  
STREET ADDRESS 255 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 VD 300002250383--0

1.3 STREET ADDRESS -07/29/97--01053--004

1.4 CITY-ST-ZIP \*\*\*173.75 \*\*\*173.75

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VD

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME P/D

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME S

4.3 STREET ADDRESS KERRIGAN, JUANITA I.

4.4 CITY-ST-ZIP 255 ALHAMBRA CIR.

5.1 TITLE CORAL GABLES, FL 33134

5.2 NAME ☐ Change ☒ Addition

5.3 STREET ADDRESS V

5.4 CITY-ST-ZIP RUZICH, RICHARD J.

6.1 TITLE 255 ALHAMBRA CIR.

6.2 NAME CORAL GABLES, FL 33134

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

CR2E034 (9/96)