

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1996

4. FEI Number

65-0692212

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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)

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

☒ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE S  
NAME KERRIGAN, JUANITA I  
STREET ADDRESS 255 ALHAMBRA CIR  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ DELETE

TITLE V  
NAME RUZICH, RICHARD J  
STREET ADDRESS 255 ALHAMBRA CIR  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ DELETE

TITLE T  
NAME COLDITZ, LAWRENCE L  
STREET ADDRESS 255 ALHAMBRA CIR  
CITY-ST-ZIP CORAL GABLES FL 33134

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

T

RAMA, MICHAEL

255 ALHAMBRA CIRCLE

CORAL GABLES, FL 33134

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.

SIGNATURE

CR2E034 (10/97)