

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2004 90075 046 ***158.75

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1. Entity Name
AVATAR AT PRESIDENTIAL ESTATES, INC.



Principal Place of Business
**201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134**

Mailing Address
**201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134**

94060133



03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0836623** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KERRIGAN, JUANITA I
201 ALHAMBRA CIRCLE
12TH FLOOR
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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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: *Juanita I. Kerrigan, VP/Sec.* **4/23/04 (305) 442-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #