

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90179 035 ***158.75

DOCUMENT # P99000078012

1. Entity Name
SOLIVITA AT POINCIANA FOOD AND BEVERAGE, INC.



60056310

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

Mailing Address
**201 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0948727

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KERRIGAN, JUANITA I
201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134**

Name

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

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME COHEN, HAROLD
STREET ADDRESS 201 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE **D** ☐ Change ☒ Addition
NAME **GETMAN, DENNIS J**
STREET ADDRESS **201 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE D ☐ Delete
NAME FELS, JONATHAN
STREET ADDRESS 201 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE **P.D.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME MCNAIRY, CHARLES
STREET ADDRESS 201 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME KERRIGAN, JUANITA I
STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FLOOR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME CORNERS, JOHN
STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FLOOR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LEVY, MICHAEL
STREET ADDRESS 201 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUANITA I. KERRIGAN

4/24/06 (705) 442-7000

Date Daytime Phone #