

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90065 040 ***158.75

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1. Entity Name
SOLIVITA AT POINCIANA RECREATION, INC.



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

Mailing Address
**PO BOX 026000
MIAMI, FL 33102 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02062007 Chg-P CR2E034 (12/06)

4. FEI Number **65-0971586** 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**

7. Name and Address of New Registered Agent

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **FELS, JONATHAN**
STREET ADDRESS **201 ALHAMBRA CIRCLE 12TH FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** ☐ Delete
NAME **LEVY, MICHAEL**
STREET ADDRESS **201 ALHAMBRA CIRCLE 12TH FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33133**

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

TITLE **VT** ☐ Delete
NAME **MCNAIRY, CHARLES L**
STREET ADDRESS **201 ALHAMBRA CIRCLE 12TH FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
NAME **FLETCHER, PATRICIA K**
STREET ADDRESS **201 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

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

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

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: **Juanita I. Kerrigan VP/Sec.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

4/16/07

Date

(305) 442-7000

Daytime Phone #