

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 832355

**Entity Name:** AV HOMES, INC.

**Current Principal Place of Business:**

4900 NORTH SCOTTSDALE ROAD  
SUITE 2000  
SCOTTSDALE, AZ 85251

**Current Mailing Address:**

4900 NORTH SCOTTSDALE ROAD  
SUITE 2000  
SCOTTSDALE, AZ 85251 US

**FEI Number:** 23-1739078

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR  
SUITE A  
TALLAHASSEE, FL 32301 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO, PRESIDENT, DIRECTOR  
Name PALMER, SHERYL DENISE  
Address 4900 NORTH SCOTTSDALE ROAD  
SUITE 2000  
City-State-Zip: SCOTTSDALE AZ 85251

Title CFO, EXECUTIVE VICE PRESIDENT,  
DIRECTOR  
Name STEFFENS, LOUIS ("LOU") E.  
Address 4900 NORTH SCOTTSDALE ROAD  
SUITE 2000  
City-State-Zip: SCOTTSDALE AZ 85251

Title SECRETARY, EXECUTIVE VICE  
PRESIDENT, CHIEF LEGAL OFFICER,  
DIRECTOR  
Name SHERMAN, DARRELL C.  
Address 4900 NORTH SCOTTSDALE ROAD  
SUITE 2000  
City-State-Zip: SCOTTSDALE AZ 85251

Title ASST. SECRETARY, VP  
Name MERRILL, S. TODD  
Address 3030 N. ROCKY POINT DR.  
SUITE 710  
City-State-Zip: TAMPA FL 33607

Title ASST. SECRETARY, VP  
Name BOSS, KRISTY  
Address 3030 N. ROCKY POINT DR.  
SUITE 710  
City-State-Zip: TAMPA FL 33607

Title ASST. SECRETARY  
Name ESTRADA, CAROLINE G.  
Address 4900 NORTH SCOTTSDALE ROAD  
SUITE 2000  
City-State-Zip: SCOTTSDALE AZ 85251

Title ASST. SECRETARY  
Name MCNEIL, CHRISTY A.  
Address 4695 MACARTHUR COURT  
8TH FLOOR  
City-State-Zip: NEWPORT BEACH CA 92660

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROLINE G. ESTRADA

**ASST. SECRETARY**

**04/08/2022**

Electronic Signature of Signing Officer/Director Detail

Date