

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000100285

FILED
Apr 29, 2010
Secretary of State

Entity Name: G.L. HOMES OF FLORIDA HOLDING CORPORATION

Current Principal Place of Business:

1600 SAWGRASS CORP PKWY
SUITE 400
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1600 SAWGRASS CORP PKWY
SUITE 400
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 59-3489545 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HELFMAN, STEVEN M ESQ
1600 SAWGRASS CORP PKWY, SUITE 400
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: ITZHAK, EZRATTI
Address: 1600 SAWGRASS CORP PKWY, SUITE 400
City-St-Zip: SUNRISE, FL 33323

Title: VAS
Name: FANT, ALAN J
Address: 1600 SAWGRASS CORP PKWY, SUITE 400
City-St-Zip: SUNRISE, FL 33323

Title: V
Name: NORWALK, RICHARD M
Address: 1600 SAWGRASS CORP PKWY, SUITE 400
City-St-Zip: SUNRISE, FL 33323

Title: S
Name: CORBAN, PAUL
Address: 1600 SAWGRASS CORP PKWY, SUITE 400
City-St-Zip: SUNRISE, FL 33323

Title: VT
Name: MENENDEZ, N. MARIA
Address: 1600 SAWGRASS CORP PKWY, SUITE 400
City-St-Zip: SUNRISE, FL 33323

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: N. MARIA MENENDEZ

VP

04/29/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date