

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000100285

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC0266781648**

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

**Current Principal Place of Business:**

1600 SAWGRASS CORP PKWY  
SUITE 400  
SUNRISE, FL 33323

**Current Mailing Address:**

1600 SAWGRASS CORP PKWY  
SUITE 400  
SUNRISE, FL 33323

**FEI Number: 59-3489545**

**Certificate of Status Desired: No**

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

HELFMAN, STEVEN MESQ  
1600 SAWGRASS CORP PKWY, SUITE 400  
SUNRISE, FL 33323 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 PD  
Name ITZHAK, EZRATTI  
Address 1600 SAWGRASS CORP PKWY, SUITE 400  
City-State-Zip: SUNRISE FL 33323

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

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

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

Title VT  
Name MENENDEZ, N. MARIA  
Address 1600 SAWGRASS CORP PKWY, SUITE 400  
City-State-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: RICHARD M. NORWALK**

**VP**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date