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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 463409 (3)
1. Corporation Name
LENNAR MANAGEMENT CORPORATION

Principal Place of Business
700 NW 107TH AVE
MIAMI FL 33172

Mailing Address
700 NW 107TH AVE
MIAMI FL 33172-3161



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
11/13/1974

3a. Date of Last Report
05/01/1996

4. FEI Number
59-1562150

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSKY, MORRIS J. ESQ.
700 N.W. 107TH AVENUE
4TH FLOOR
MIAMI FL 33172

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MILLER, STUART A
STREET ADDRESS 700 NW 107TH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE SD
NAME COLE, ROBERT B
STREET ADDRESS 700 NW 107TH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME PEKOR, ALLAN J
STREET ADDRESS 700 NW 107TH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE AS
NAME SIERRA, KATHLEEN E.
STREET ADDRESS 700 NW 107TH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE T
NAME SALEDA, M. E.
STREET ADDRESS 700 NW 107TH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE AS
NAME SANTAELLA, GRACE
STREET ADDRESS 700 N.W. 107TH AVENUE
CITY-ST-ZIP MIAMI FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE

[Signature]

Grace Santaella 1-13-97 (305) 729-1400

CR2E034 (9/96)