

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90214 025 ***158.75

DOCUMENT # 559322

1. Entity Name
DAVID NEWMARK HOMES, INC.



Principal Place of Business
**1701 N.W. 5TH ST
DEERFIELD BEACH, FL 33442**

Mailing Address
**PO BOX 1080
DEERFIELD BEACH, FL 33443**

50014126

2. Principal Place of Business
**2600 S. OCEAN BVD
Suite, Apt. #, etc. #D4**

3. Mailing Address
Suite, Apt. #, etc.

City & State
BOCA RATON, FL
Zip
33432 Country
USA

City & State
Zip Country

04152006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1791051 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NEWMARK, DAVID M.
1701 N.W. 5TH STREET
DEERFIELD BEACH, FL 33442**

7. Name and Address of New Registered Agent
Name **NEWMARK, DAVID M.**
Street Address (P.O. Box Number is Not Acceptable)
2600 S. OCEAN BVD. #D4
City **BOCA RATON** FL Zip Code **33432**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEWMARK, HOWARD		NAME		
STREET ADDRESS	1701 N W 5TH STREET		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BCH, FL		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEWMARK, DAVID		NAME		
STREET ADDRESS	1701 N.W. 5ST.		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BCH, FL		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: **DAVID NEWMARK, V.P.** 4/17/06 954/304-1207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #