FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 16 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L85115 (8)

1. Corporation Name
LEVITT AT ST. ANDREWS PLACE, INC.

Principal Place of Business	Mailing Address
% LOUISE J. ALLEN 7777 GLADES RD., STE. 410 BOCA RATON FL 33434	% LOUISE J. ALLEN 7777 GLADES RD., STE. 410 BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/29/1990
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0205870 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 / 29; Country — 25 / 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALLEN, LOUISE J.
150 W FLAGLER ST
2200 MUSEUM TOWER
MIAMI FL 33130

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	WIENER, ELLIOTT M.	1.2 NAME	
STREET ADDRESS	7777 GLADES RD #410	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☒ Change ☐ Addition
NAME	RAFOFSKY, HARVEY P.	2.2 NAME	Delete
STREET ADDRESS	7777 GLADES RD #410	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	V/T/93 ☒ Change ☐ Addition
NAME	HOYOS, JEFFERY	3.2 NAME	
STREET ADDRESS	7777 GLADES RD. #410	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	S/V/S ☒ Change ☐ Addition
NAME	WEST, ALFRED G.	4.2 NAME	
STREET ADDRESS	7777 GLADES RD. #410	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	V ☐ Change ☒ Addition
NAME	SLEEK, HARRY T.	5.2 NAME	Joel Armstrong
STREET ADDRESS	7777 GLADES RD. #410	5.3 STREET ADDRESS	7777 Glades Road #410
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	Boca Raton FL
TITLE		6.1 TITLE	V ☐ Change ☒ Addition
NAME		6.2 NAME	Tom Dawkins
STREET ADDRESS		6.3 STREET ADDRESS	7777 Glades Road #410
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Boca Raton FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jeffery Hoyos — VP Finance — 3-10-95 — 407-483-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002460 CP