

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

307

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90228 014 \*\*\*150.00

DOCUMENT # L85115

1. Corporation Name  
LEVITT SPRINGS, INC.

Principal Place of Business  
C/O LEVITT HOMES INCORPORATED  
7777 GLADES ROAD, SUITE 410  
BOCA RATON FL 33434

Mailing Address  
C/O LEVITT HOMES INCORPORATED  
7777 GLADES ROAD, SUITE 410  
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1990

4. FEI Number

65-0205870

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOYOS, JEFFERY  
7777 GLADES RD  
STE 410  
BOCA RATON FL 33434

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME WIENER, ELLIOTT M  
STREET ADDRESS 7777 GLADES RD #410  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE SVP  
NAME ARMSTRONG, JOEL  
STREET ADDRESS 7777 GLADES ROAD, SUITE 410  
CITY-ST-ZIP BOCA RATON FL 33434

☒ DELETE

TITLE VTAS  
NAME HOYOS, JEFFREY  
STREET ADDRESS 7777 GLADES RD. #410  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE VSD  
NAME WEST, ALFRED G  
STREET ADDRESS 7777 GLADES RD. #410  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE V  
NAME SLEEK, HARRY T  
STREET ADDRESS 7777 GLADES RD. #410  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE VP  
NAME DAMIANO, TOM  
STREET ADDRESS 7777 GLADES ROAD, SUITE 410  
CITY-ST-ZIP BOCA RATON FL 33434

☐ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25024-11/98