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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M97771

(3)

Mailing Address

LEVITT AT WESTCHESTER WEST, INC.

FILED								
Mar 14 1997 8:00am								
Secretary of State								

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% LEVITT HOMES INCORPORATED 7777 GLADES ROAD. SUITE 410 BOCA RATON FL 33434		% LEVITT HOMES INCORPORATED 7777 GLADES ROAD. SUITE 410 BOCA RATON FL 33434-4198						
					<ol> <li>Date Incorporated or Qualified 09/09/1988</li> </ol>	3a. Date of L 03/04/19	, , , ,	
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 26				65-0070894		Not Applicable		
27		27	Sute, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State 28			Trust Fund Contribution		5.00 May Be dded to Fees			
Zip 24	Country 25	7ip 3	Country	<b>/</b>	· _ · _ ·	oility for intangible tax under s. 199.032,		
	g. Name and Address of Curren	Registered Agent		10. Name and Address of New Registered Agent				
PRE	ENTICE-HALL CORPORATION SYS	STEM, INC.	81	Name				
110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			63	!				
			84	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abov	L e-narned cor	rporation submits this statement for the pu		ging its registered	
agent. I a	m familiar with, and accept the obliga	or Florida. Such change was au tions of, Section 607.0505, Flori	tnorizea b da Statute	y tne corpora s.	rporation submits this statement for the pu ation's board of directors. I hereby accep	the appointme	nl as registered	
SIGNATURE							•	
12.	Signature, typed or printed name of registered ager OFFICERS AND		13.	ent signature requ	uired when reinstating)	DATE.	OTO DO 11. 10	
TITLE	DP	DELETE	1.1 HILE		ADDITIONS/CHANGES TO OFFICE			
NAME	WIENER, ELLIOTT M	•	1,2 NAME				ango Emilion (	
STREET ADDRESS	7777 GLADES RD., #410		1.3 STREET	I ADDRESS			9	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - 9	61 · 20P				
TITLE	٧	DELETE	2.1 101.6			☐ Ch	ange Addition	
NAME	ARMSTRONG, JOEL		2.2 NAME					
STREET ADDRESS	THE OLANES BOAD SUPER ALA		2.3 STREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33434	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-	ST-ZIP				
TITLE	VSTD	☐ DELFTE	3.1 TITLE			☐ Ch	ange Addition	
NAME	HOYOS, JEFFREY		3.2 NAME					
STREET ADDRESS	7777 GLADES RD. #410		3 3 STREET	AUDRESS			[	
CITY-ST-ZIP	BOCA RATON FL		3 4. CITY-	ST · Z)P				
TITLE	VSD	L] DELETE	4 1 THILE	1		☐ Ch	ange [_] Addition	
NAME STREET ADDRESS	WEST, ALFRED G 7777 GLADES RD. #410		4. 2 NAME	46,004,00				
STREET ADDRESS City-St-Zip	BOCA RATON FL		4.3 \$1REE1					
TITLE	V	DELETE	4.4 CHY-S 5.1 TITLE	01 - 211'		Ch	ange Addition	
NAME	SLEEK, HARRY T		5.2 NAME			L 011		
STREET ADDRESS	7777 GLADES RD., #410		5.3 STREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY - S					
TITLE	V	DELETE	6.1 TITLE			☐ Ch	ange 🔲 Addition	
NAME	DAMIANO, TOM		G.2 NAME				1	
STREET ADDRESS	7777 GLADES ROAD, SUITE 4	10	6.3 STREET	ADDRESS			}	
CITY-ST-ZIP	BOCA RATON FL 33434	· •	6.4 CITY - S	1 - ZIP				

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 suppliquental armual 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 requirement of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.