
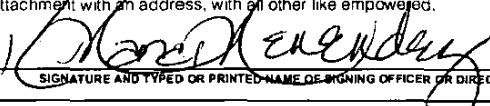


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90037 033 ***158.75

DOCUMENT # P00000049701 1. Entity Name G.L. HOMES OF DAVIE II CORPORATION					
Principal Place of Business 1600 SAWGRASS CORP PKWY SUITE 300 FORT LAUDERDALE, FL 33323			Mailing Address 1600 SAWGRASS CORP PKWY SUITE 300 FORT LAUDERDALE, FL 33323		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sunrise, FL		City & State Sunrise, FL		4. FEI Number 65-1009385	
Zip		Zip		Country	
6. Name and Address of Current Registered Agent GRANT, MARK F ESQ 200 EAST BROWARD BLVD., 15TH FLOOR FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		See Attached	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete EZRATTI, ITZHAK 1401 UNIVERSITY DRIVE STE 200 CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EZRATTI, ITZHAK 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS <input type="checkbox"/> Delete FANT, ALAN 1401 UNIVERSITY DRIVE STE 200 CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FANT, ALAN J. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT <input checked="" type="checkbox"/> Delete COSTELLO, RICHARD 1401 UNIVERSITY DRIVE STE 200 CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Delete NORWALK, RICHARD 1401 UNIVERSITY DRIVE STE 200 CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NORWALK, RICHARD M. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete CORBAN, PAUL 1401 UNIVERSITY DRIVE STE 200 CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CORBAN, PAUL 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	✓ <input type="checkbox"/> Delete MENENDEZ, N. MARIA 1401 UNIVERSITY DR., STE 200 CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MENENDEZ, N. MARIA 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	
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: 			N. MARIA MENENDEZ, VICE PRESIDENT		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/27/07 954-753-1730 <small>Daytime Phone #</small>		

ATTACHMENT
40095892

CONTINUATION PAGE

DOCUMENT # P000000049701
2007 FOR PROFIT CORPORATION
ANNUAL REPORT

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☒ Addition

TITLE:	V
NAME:	STEVEN M. HELFMAN
STREET ADDRESS:	1600 Sawgrass Corp Pkwy #300
CITY-ST-ZIP:	Sunrise, FL 33323