

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2007 90037 001 \*\*\*150.00

**DOCUMENT # P00000049704**

1. Entity Name  
**G.L. HOMES OF BOCA RATON IV CORPORATION**



Principal Place of Business  
**1600 SAWGRASS CORP PKWY, STE 300  
SUNRISE, FL 33323 US**

Mailing Address  
**1600 SAWGRASS CORP PKWY, STE 300  
SUNRISE, FL 33323 US**

40095900



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

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

City & State  
Zip Country

04182007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1009344**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GRANT, MARK F ESQ  
200 EAST BROWARD BLVD., 15TH FLOOR  
FORT LAUDERDALE, FL 33301**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EZRATTI, ITZHAK 1600 SAWGRASS CORP PKWY, STE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS FANT, ALAN 1600 SAWGRASS CORP PKWY, STE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTELLO, RICHARD 1600 SAWGRASS CORP PKWY, STE 300 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORWALK, RICHARD 1600 SAWGRASS CORP PKWY STE. 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1600 SAWGRASS CORP PKWY, STE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HELFMAN, STEVEN M 1600 SAWGRASS CORP PKWY, STE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**VT**  
**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 **N. MARIA MENENDEZ, VICE PRESIDENT** 4/27/07 954.753.1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #