

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90204 017 ***150.00

DOCUMENT # P01000015228

1. Entity Name
G.L. HOMES OF BOYNTON BEACH VII CORPORATION



Principal Place of Business
**1401 UNIVERSITY DRIVE SUITE 200
CORAL SPRINGS, FL 33071**

Mailing Address
**1401 UNIVERSITY DRIVE SUITE 200
CORAL SPRINGS, FL 33071**

60034410



2. Principal Place of Business
**1600 Sawgrass Corp Pkwy
Suite, Apt. #, etc.
Suite 300**

3. Mailing Address
**1600 Sawgrass Corp Pkwy
Suite, Apt. #, etc.
Suite 300**

City & State
Sunrise, FL

City & State
Sunrise, FL

Zip
33323

Country
USA

Zip
33323

Country
USA

04032006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1076582

Applied For
Not Applicable

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

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 **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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **EZRATTI, ITZHAK**
STREET ADDRESS **1401 UNIVERSITY DR, STE 200**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **V** ☐ Delete
NAME **NORWALK, RICHARD M**
STREET ADDRESS **1401 UNIVERSITY DRIVE SUITE 200**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **VT** ☐ Delete
NAME **COSTELLO, RICHARD A**
STREET ADDRESS **1401 UNIVERSITY DRIVE SUITE 200**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **VAS** ☐ Delete
NAME **FANT, ALAN J**
STREET ADDRESS **1401 UNIVERSITY DRIVE SUITE 200**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **S** ☐ Delete
NAME **CORBAN, PAUL**
STREET ADDRESS **1401 UNIVERSITY DRIVE SUITE 200**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **V** ☐ Delete
NAME **MENENDEZ, N. MARIA**
STREET ADDRESS **1401 UNIVERSITY DRIVE, #200**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **EZRATTI, ITZHAK**
STREET ADDRESS **1600 SAWGRASS CORP PKWY, SUITE 300**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **V** ☒ Change ☐ Addition
NAME **NORWALK, RICHARD M**
STREET ADDRESS **1600 SAWGRASS CORP PKWY, SUITE 300**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **V** ☒ Change ☐ Addition
NAME **COSTELLO, RICHARD A**
STREET ADDRESS **1600 SAWGRASS CORP PKWY, SUITE 300**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **VAS** ☒ Change ☐ Addition
NAME **FANT, ALAN J**
STREET ADDRESS **1600 SAWGRASS CORP PKWY, SUITE 300**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **S** ☒ Change ☐ Addition
NAME **CORBAN, PAUL**
STREET ADDRESS **1600 SAWGRASS CORP PKWY, SUITE 300**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **VT** ☒ Change ☐ Addition
NAME **MENENDEZ, N. MARIA**
STREET ADDRESS **1600 SAWGRASS CORP PKWY, SUITE 300**
CITY-ST-ZIP **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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. MARIA MENENDEZ, VICE PRESIDENT

4/28/06

954-753-1730

Date

Daytime Phone #