

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000038564

1. Entity Name

G.L. HOMES OF BOYNTON BEACH XI CORPORATION



Principal Place of Business

1401 UNIVERSITY DR, STE 200
CORAL SPRINGS FL 33071

Mailing Address

1401 UNIVERSITY DR, STE 200
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0423813

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 E BROWARD BLVD 15 FLOOR
FT 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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	EZRATTI, ITZHAK	
STREET ADDRESS	1901 UNIVERSITY DRIVE SUITE 200	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FANT, ALLAN	
STREET ADDRESS	1401 UNIVERSITY DRIVE SUITE 200	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	
TITLE	VT	<input type="checkbox"/> Delete
NAME	COSTELLO, RICHARD	
STREET ADDRESS	1401 UNIVERSITY DRIVE SUITE 200	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	
TITLE	V	<input type="checkbox"/> Delete
NAME	NORWALK, RICHARD	
STREET ADDRESS	1401 UNIVERSITY DRIVE SUITE 200	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORBAN, PAUL	
STREET ADDRESS	1401 UNIVERSITY DRIVE SUITE 200	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	
TITLE	V	<input type="checkbox"/> Delete
NAME	MENENDEZ, N. MARIA	
STREET ADDRESS	1401 UNIVERSITY DR., #220	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

U000000345118

04/30/05-80021-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: *Maria Menendez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Menendez, Vice President

4/28/05

(954) 753-1730

Date

Daytime Phone #