

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90204 034 ***150.00

DOCUMENT # P04000035111

1. Entity Name
LEE COUNTY HOMES I 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**

60034441



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**

03312006 Chg-P CR2E034 (11/05)

City & State
Sunrise, FL

City & State
Sunrise, FL

4. FEI Number
20-0783517

Applied For
Not Applicable

Zip
33323

Country
USA

Zip
33323

Country
USA

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
EZRATTI, ITZHAK
1401 UNIVERSITY DR #200
POMPAÑO BEACH, FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
FANT, ALAN J
1401 UNIVERSITY DR #200
POMPAÑO BEACH, FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
COSTELLO, RICHARD A
1401 UNIVERSITY DR #200
POMPAÑO BEACH, FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
NORWALK, RICHARD M
1401 UNIVERSITY DR #200
POMPAÑO BEACH, FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MENENDEZ, N MARIA
1401 UNIVERSITY DR #200
POMPAÑO BEACH, FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CORBAN, PAUL
1401 UNIVERSITY DR #200
POMPAÑO BEACH, FL 33071** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
MENENDEZ, N. MARIA
1600 SAWGRASS CORP PKWY, SUITE 300
SUNRISE, FL 33323** ☒ Change ☐ Addition

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

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:

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 #