

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90127 002 ***150.00

DOCUMENT # P04000122234

1. Entity Name

ZUCKERMAN HOMES AT LIVINGSTON, INC.



Principal Place of Business

3111 UNIVERSITY DRIVE STE 610
CORAL SPRINGS FL 33065

Mailing Address

3111 UNIVERSITY DRIVE STE 610
CORAL SPRINGS FL 33065



2. Principal Place of Business

6131 Lyons Road
Suite, Apt. #, etc.
SUITE 200

3. Mailing Address

← same
Suite, Apt. #, etc.

City & State

coconut creek, FL
Zip
33073

City & State

Country
USA

4. FEI Number

20-1658933

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

BROWN, GARY L
4000 HOLLYWOOD BLVD STE 265-SOUTH
HOLLYWOOD FL 33021

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, typewritten 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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZUCKERMAN, ANDREW
3111 UNIVERSITY DRIVE STE 610
CORAL SPRINGS FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZUCKERMAN, STEVEN
3111 UNIVERSITY DRIVE STE 610
CORAL SPRINGS FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZUCKERMAN, DAVID
3111 UNIVERSITY DRIVE STE 610
CORAL SPRINGS FL 33065 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Pres.

3-17-06

Date

Daytime Phone #