

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

'95 MAR 16 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000005719 (9)

1. Corporation Name

LEVITT AT BEAR LAKES, INC.

Principal Place of Business

7777 GLADES RD
SUITE 410
BOCA RATON FL 33434

Mailing Address

7777 GLADES RD
SUITE 410
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/16/1992	3a. Date of Last Report 04/20/1994
4. FEI Number 65-0372022	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 N MAGNOLIA ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name The Prentice Hall Corporation System
82 Street Address (P.O. Box Number is Not Acceptable) 1201 Noye Street St 105
83
84 City Tallahassee
85 Zip Code FL 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P
NAME	WIENER, ELLIOTT M	1.2 NAME	
STREET ADDRESS	7777 GLADES RD SUITE 410	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	V
NAME	RAFOFSKY, HARVEY P	2.2 NAME	Joel Armstrong
STREET ADDRESS	7777 GLADES RD SUITE 410	2.3 STREET ADDRESS	7777 Glades Rd Suite 410
CITY-ST-ZIP	BOCA RATON FL 33434	2.4 CITY-ST-ZIP	Boca Raton FL 33434
TITLE	VPS	3.1 TITLE	D/V/S
NAME	WEST, ALFRED G.	3.2 NAME	
STREET ADDRESS	7777 GLADES ROAD, STE. 410	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	3.4 CITY-ST-ZIP	
TITLE	VPT	4.1 TITLE	D/V/T/AS
NAME	HOYOS, JEFFREY	4.2 NAME	
STREET ADDRESS	7777 GLADES ROAD, STE. 410	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	4.4 CITY-ST-ZIP	
TITLE	SRVP	5.1 TITLE	V
NAME	SLEEK, HARRY	5.2 NAME	
STREET ADDRESS	7777 GLADES ROAD, STE. 410	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	V
NAME		6.2 NAME	Tom Damiano
STREET ADDRESS		6.3 STREET ADDRESS	7777 Glades Rd Ste 410
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Boca Raton FL 33434

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP Finance

3-10-95

407-482-5100

Jeffrey Hoyos