

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Section 607.07, 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 Florida Statutes, Chapter 607.

SIGNATURE

12. OFFICER/DIRECTOR

TITLE	D	[] OFFICE
NAME	WIENER, ELLIOTT M	
STREET ADDRESS	7777 GLADES RD SUITE 410	
CITY/STATE/ZIP	BOCA RATON FL 33434	
TITLE	D	[X] OFFICE
NAME	RAFOFSKY, HARVEY P	
STREET ADDRESS	7777 GLADES RD SUITE 410	
CITY/STATE/ZIP	BOCA RATON FL 33434	
TITLE	VPS	[] OFFICE
NAME	WEST, ALFRED G.,	
STREET ADDRESS	7777 GLADES ROAD, STE. 410	
CITY/STATE/ZIP	BOCA RATON FL 33434	
TITLE	VPT	[] OFFICE
NAME	HOYOS, JEFFREY,	
STREET ADDRESS	7777 GLADES ROAD, STE. 410	
CITY/STATE/ZIP	BOCA RATON FL 33434	
TITLE	SRVP	[] OFFICE
NAME	SLEEK, HARRY,	
STREET ADDRESS	7777 GLADES ROAD, STE. 410	
CITY/STATE/ZIP	BOCA RATON FL 33434	
TITLE		[] OFFICE
NAME		
STREET ADDRESS		
CITY/STATE/ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	[X] Change [] Addition
NAME		
STREET ADDRESS	400001760164	
CITY/STATE/ZIP	-03/28/96--01004--002	
TITLE		[] Change [X] Addition
NAME	Joel Armstrong	
STREET ADDRESS	7777 Glades Rd Suite 410	
CITY/STATE/ZIP	Boca Raton FL 33434	
TITLE	DVS	[X] Change [] Addition
NAME		
STREET ADDRESS		
CITY/STATE/ZIP		
TITLE	DUTAS	[X] Change [] Addition
NAME		
STREET ADDRESS		
CITY/STATE/ZIP		
TITLE		[X] Change [] Addition
NAME	Tom Damiano	
STREET ADDRESS	7777 Glades Rd Suite 410	
CITY/STATE/ZIP	Boca Raton FL 33434	
TITLE		[] Change [X] Addition
NAME		
STREET ADDRESS		
CITY/STATE/ZIP		

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, and I am a resident of the State of Florida. I am an officer or director of the corporation and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Hoyos 3-1-96

482-5100

APPROVED
AND
FILED

1996 MAR -4 PM 12:31



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3/2/96