BOCA RATON FL 33434

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P92000005719 (9)

LEVITT AT BEAR LAKES, INC.

#309

Principal Plac	ce of Business	Mailing Address			ANTIN BRUK NI	 	
1		_					
7777 GLADE SUITE 410	SHU	7777 GLADES RD SUITE 410					
BOCA RATON FL 33434 BOCA RATON FL 33434			. DO NOT WRIT	DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified			
				11/16/1992			
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number		App	lied For
21		26		65-0372022		Not .	Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	···········			\$8.75 Ad	ditional
22		27		5. Certificate of Status Desired		Fee Req	
City & State City & State			6. Election Campaign Financing		\$5.00 M	lav Re	
23		28		Trust Fund Contribution		Added to	
Zip	Country	Zıp	Country	8. This corporation owes or has p	paid the cu	rrent vear Inter	oible
24	25	29	30	Personal Property Tax due Jun		☐ Yes ☐	-
	9. Name and Address of Current	Registered Agent	1 1	10. Name and Address of New R		Agent	
TH	IE PRENTICE HALL CORPORATIO	N SYSTEM INC	81 Name				
	O N MAGNOLIA ST	it Otorem, into.	Corp	poration Service Co	Wibon	<u> </u>	
TALLAHASSEE FL 32301				ess (P.Ó. Box Number is Not Acceptable)			
'^	ILLAHAGGEE FL 3230 I		83	Hayes Street.			
			84 City		E L	85 Zip Co	de
11 Durauant	to the provinces of Sections 607 0600	and COT 1500 Florida Ctatul	I GII	anassee	FL	. 32	<u>30 i </u>
l office or i	registered agent, or both, in the State i	of Florida. Such change was a	authorized by the corpor	orporation submits this statement for the ration's board of directors. I hereby according	purpose o	or changing its r pointment as re	gistered
agent. La	am familiar with, and accept the obliga	tions of, Section 607.0505, Fig	orida Statutes.	•	• • • • • •		
SIGNATURE							
-	Signature, typed or printed name of registered agon		F Registered Agent signature rec		DATE	D. D. D. C.	151.40
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS ANI		
ŀ	1		1.1 TITLE			Change	Addition
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	V	DELETE	2.1 TITLE			☐ Change	Addition
NAME	ARMSTRONG, JOEL		2.2 NAME				
STREET ADDRESS	7777 GLADES ROAD, SUITE 4	10	2.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33434		2 4 CITY+ST-ZIP				
TITLE	VSD	DELETE	3.1 TITLE			Change	Addition
NAME	WEST, ALFRED G		3.2 NAME				i
STREET ADDRESS	7777 GLADES ROAD, STE. 41)	3.3 STREET ADDRESS				ŀ
CITY-ST-ZIP	BOCA RATON FL 33434		3.4. CITY - ST - ZIP				İ
TITLE	VTSD	☐ DELETE	4.1 TITLE			Change [Addition
NAME	HOYOS, JEFFREY		4. 2 NAME				
STREET ADDRESS	7777 GLADES ROAD, STE. 419)	4.3 STREET ADDRESS				ľ
CITY-ST-ZIP	BOCA RATON FL 33434	•	4.4 CITY-ST-ZIP				
TITLE	V	DELETÉ	5.1 TITLE			☐ Change [Addition
NAME	SLEEK, HARRY		5.2 NAME				
STREET ADDRESS	7777 GLADES ROAD, SUITE 4	10	5.3 STREET ADDRESS				
	BOCA RATON FL 33434	10					
CITY-ST-ZIP TITLE	V	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE			Change	Addition
	•	in precise	1			CT CHAIRE [AUGIIIOII
NAME	DAMIANO, TOM	40	6.2 NAME				
SYREET ADDRESS	7777 GLADES ROAD, SUITE 4	10	6.3 STREET ADDRESS				ł

14. Thereby certify that the information supplied with this king does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental a interpret 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 of 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 an address.

FILED

Mar 20 1998 8:00am

Secretary of State