

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90217 042 \*\*\*150.00

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DOCUMENT # P93000018789

1. Corporation Name

GORDON HOMES, INC.

Principal Place of Business

4000 N. FEDERAL HWY.  
SUITE 201  
BOCA RATON FL 33431  
US

Mailing Address

4000 N. FEDERAL HWY.  
SUITE 201  
BOCA RATON FL 33431  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1993

4. FEI Number

65-0412155

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4000 N. Federal Hwy  
Suite, Apt. #, etc.

22 208

23 Boca Raton, FL

24 33431 25 USA

2a. Mailing Address

26 4000 N. Federal Hwy  
Suite, Apt. #, etc.

27 208

28 Boca Raton, FL

29 33431 30 USA

9. Name and Address of Current Registered Agent

LEVINE, JEFFREY A  
4000 N. FEDERAL HWY.  
SUITE 201  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 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

TITLE DP  
NAME GORDON, GARY  
STREET ADDRESS 16513 JOG ROAD  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE VP  
NAME GORDON, ROBERT  
STREET ADDRESS 16513 JOG ROAD  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME GORDON, GARY  
1.3 STREET ADDRESS 4000 N. Federal Hwy #208  
1.4 CITY-ST-ZIP Boca Raton, FL 33431

2.1 TITLE VP  
2.2 NAME GORDON, ROBERT  
2.3 STREET ADDRESS 4000 N. Federal Hwy #208  
2.4 CITY-ST-ZIP Boca Raton, FL 33431

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)