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PROFIT CORPORATION . ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400040804

1. Corporation Name

G.L. HOMES OF SILVER LAKES XX CORPORATION

Principal Place of Business Mailing Address						_	1 10011001 178 10111 81011 08111			0011 2101 100	
1401 UNIVERSITY DRIVE 1401 UNIVERSITY DRIVE SUITE 200 SUITE 200											
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071								WRITE IN THIS SPACE			
				3. Date Incorporated or Qualife			d				
							05/31/19 <u>94</u>				
2. Principal Pl	ace of Business	2a. Mailing Address				1	FEI Number			plied For	
21 26							<u>65-0495848</u>			t Applicable	
Suite, Apt. #, etc.						5	Certificate of Status Desired	×	\$8.75 <i>A</i>		
22 27			<u> </u>						Fee Re		
City & State City & State						- 1	Election Campaign Financing		\$5.00		
23 28			Country				Trust Fund Contribution		Added t	lo Fees	
Zip Country Zip			Country				This corporation owes the cu	irrent year l	ntangible XYes	□No	
24	25	29 30	9				Personal Property Tax. Name and Address of New	Ponistore			
	9. Name and Address of Current	t Registered Agent	5	81	Name	10.	Name and Address of New	r Register <u>e</u>	· Ageill		
GRAI	NT, MARK		`	٠.	1101110						
% RUDEN BARNETT				82	Street Ad	ddress (P.	O. Box Number is Not Acce	otable)			
200 E. BROWARD BLVD.			١,	83		······································					
FT. LAUDERDALE FL 33302			. [03							
, ,,,,	AODENDALL , L GOODE		1	B4	City			F	85 Zip (Code	
		100m 4800 Ft 1 Ot 1						•		registered	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, of Florida. Such change was auth	the abo	ove-i by th	named co le corpora	orporation ation's boa	ard of directors. I hereby acc	ept the app	ointment as re	gistered	
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 agen	t and title if applicable. (NOTE: Re	<u> </u>	gent s	signature requ	juired when re	einstating) ADDITIONS/CHANGES TO C	DATE	NID DIRECTO	DC IN 12	
12.		DELETE	13.	E			ADDITIONS/CHANGES TO C	FFICERS F	Change	Addition	
	PD FT ITTHAK										
NAME	EZRATTI, ITZHAK 1401 UNIVERSITY DR. #200		1.2 NAME						ļ		
STREET ADDRESS			1.3 STREET ADDRESS						j		
CITY-ST-ZIP				1.4 CITY-ST-ZIP					Change	Addition	
TITLE	VS	C DEELE			ļ						
NAME	FANT, ALAN		2.2 NAME								
STREET ADDRESS	1401 UNIVERSITY DR. #200		2.3 STREET ADDRESS					_			
- CITY-ST-ZiP	CORAL SPRINGS FL 33071		2:4 CITY-ST-ZIP 3.1 TITLE			<u> </u>		Change	Addition		
TITLE	——————————————————————————————————————		•		l						
NAME	COSTELLO, RICHARD A		3.2 NAW		DORESS					}	
STREET ADDRESS	1401 UNIVERSITY DR. #200										
CITY-ST-ZIP	CORAL SPRINGS FL 33071	□ DELETE	3.4. CIT		ZIP				Change	Addition	
TITLE	S MOCUE EZDATTI		4.0 ((IL)		1						
NAME	MOSHE, EZRATTI				22220						
STREET ADORESS	1401 UNIVERSITY DR. #200		B		DDRESS						
CITY-ST-ZIP	CORAL SPRINGS FL 33071	DELETE	4.4 CITY 5.1 TITL		ZIP				Change	Addition	
TITLE	NODWALK BICHARD M	C) Detric	5.1 INE 5.2 NAV								
NAME	NORWALK, RICHARD M		1		DORESS						
STREET ADDRESS	1401 UNIVERSITY DR. #200		5.4 CITY		- 1					}	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	RAL SPRINGS FL 33071 54					<u> </u>		X Change	Addition	
TITLE	V ADVIN D		6.2 NAM			ARKT	N, RICHARD		F=1 0		
NAME	ARKIN, R	•			.DDRESS .		,			ļ	
STREET ADDRESS	1401 UNIVERSITY DR, STE 200	1									
CITY-ST-ZIP	CORAL SPGS FL 33071		6.4 CITY	-31-	CIP			_			

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.

CORAL SPGS FL 33071

SIGN ATTURED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/99

954-753-1730