## 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

## DOCUMENT # **P9400040811**1. Corporation Name

G.L. HOMES OF SILVER LAKES XXIII CORPORATION

Principal Place of Business Mailing Address						
1401 UNIVERSITY DRIVE 1401 UNIVERSITY DRIVE						
SUITE 200 SUITE 200						DO NOT WRITE IN THIS SPACE
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071						3. Date Incorporated or Qualifed
						05/31/1994
2. Principal Place of Business 2a. Mailing Address			<del></del>			4. FEI Number Applied For
21 26						65-0497299 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
27						5. Certificate of Status Desired Fee Required
City & State	B	City & State	City & State		-	6. Election Campaign Financing \$5.00 May Be
23		28	-			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year Intangible Personal Property Tax.   ☑ Yes □ No
24	25	<del></del>	30		<del>-</del>	Personal Property Tax. XYes LINO  10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		81	Name	
GRA	NT, MARK		Ļ	_		
C/O RUDEN BARNETT			1	82 Street Address (P.O. Box Number is Not Acceptable)		
200 E. BROWARD BOULEVARD			l l	83		
FT. LAUDERDALE FL 33302			<u> </u>			85 Zip Code
			[	84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove	-named c	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 A	Agent	t signature rec	required when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	EZRATTI, ITZHAK		1.2 NAN			
STREET ADDRESS	1401 UNIVERSITY DRIVE, #200				ADDRESS	i
CITY-ST-ZIP	CORAL SPRINGS FL 33071	□ DELETE	1.4 CIT		r-ZIP	☐ Change ☐ Addition
TITLE	VS	☐ DELETE	2.1 TITLE		1	. Citalige [ Nosition
NAME	FANT, ALAN		2.2 NAME			
STREET ADDRESS	1401 UNIVERSITY DRIVE, #200				ADDRESS	,
CITY-ST-ZIP	CORAL SPRINGS FL 33071	☐ DELETE	2.4 CIT		T-ZIP	Change Addition
TITLE	COCTELLO BICUADO A	□ pereir	3.1 TITL 3.2 NAM		1	
NAME	COSTELLO, RICHARD A	•			ADDRESS	,
STREET ADDRESS	1401 UNIVERSITY DRIVE, #200 CORAL SPRINGS FL 33071		3.4. CIT			'
CITY-ST-ZIP	S	☐ DELETE	4,1 TTL		1-21	Change Addition
NAME	EZRATTI, MOSHE		4. 2 NA		]	
	1401 UNIVERSITY DRIVE, #200	1			ADDRESS	
STREET ADDRESS	CORAL SPRINGS FL 33071		4.4 CIT			
CITY-ST-ZIP	V	☐ DELETE				Change Addition
NAME	V		5.2 NAM		ļ	
STREET ADDRESS	1401 UNIVERSITY DRIVE, #200	İ	5.3 STF	REET	ADDRESS	;
CITY-ST-ZIP	CORAL SPRINGS FL 33071		5.4 CIT	Y-ST	Γ-ZIP	}
TITLE		☐ DELETE	6.1 TITL	E		☐ Change ☐ Addition
NAME			6.2 NAM	ΜE		
******	i		6.3 STE	REET	ADDRESS	

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.

6.4 CITY-ST-ZIP

03/15/99

954-753-1730

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90009 040 \*\*\*150.00