

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000072238 (6)**
1. Corporation Name
LENNAR NORTHEAST HOLDINGS, INC.



Principal Place of Business 700 NW 107TH AVE MIAMI FL 33172	Mailing Address 700 NW 107TH AVE MIAMI FL 33172-3161
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/03/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0525763	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WATSKY, MORRIS J
700 NW 107TH AVE
MIAMI FL 33172**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE <input type="checkbox"/>
NAME	MILLER, LEONARD	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	DELETE <input type="checkbox"/>
NAME	BOLOTIN, IRVING	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	DELETE <input type="checkbox"/>
NAME	COLE, ROBERT B	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	DELETE <input type="checkbox"/>
NAME	PEKOR, ALLAN J	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	DELETE <input type="checkbox"/>
NAME	SIERRA, KATHLEEN E.	
STREET ADDRESS	7000 NW 107 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
62 NAME	T Saleda, M.E.
63 STREET ADDRESS	700 N.W. 107 AVE.
64 CITY-ST-ZIP	MIAMI, FL 33172

14. I do 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.

SIGNATURE: *Kathleen E Sierra* Kathleen E Sierra 1-13-97 (305) 229-1400

CR2E034 (9/96)