

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

03-24-1999 90007 030 \*\*\*150.00

DOCUMENT # **P94000075091**

1. Corporation Name

**G.L. HOMES OF BOYNTON BEACH CORPORATION**

Principal Place of Business

1401 UNIVERSITY DR SUITE 200  
CORAL SPRINGS FL 33071

Mailing Address

1401 UNIVERSITY DR SUITE 200  
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0526552

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

9. Name and Address of Current Registered Agent

MARK GRANT C/O RUDEN BARNETT  
200 E BROWARD BOULEVARD  
FT LAUDERDALE FL 33302

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	PD	<input type="checkbox"/> DELETE
NAME	EZRATTI, ITZHAK	
STREET ADDRESS	1401 UNIVERSITY DRIVE #200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	FANT, ALAN	
STREET ADDRESS	1401 UNIVERSITY DRIVE #200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	COSTELLO, RICHARD A.	
STREET ADDRESS	1401 UNIVERSITY DRIVE #200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EZRATTI, MOSHE	
STREET ADDRESS	1401 UNIVERSITY DRIVE #200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NORWALK, RICHARD M.	
STREET ADDRESS	1401 UNIVERSITY DRIVE #200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ARKIN, RICHARD	
STREET ADDRESS	1401 UNIVERSITY DRIVE, STE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD NORWALK, VICE PRESIDENT

03/15/99

Date

954-753-1730

Daytime Phone #

CR2E034 (11/98)

0167877