

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000080777 (3)

1. Corporation Name

LENNAR CENTRAL FL, INC.



Principal Place of Business

Mailing Address

760 NW 107TH AVE
SUITE 400
MIAMI FL 33172

760 NW 107TH AVE
SUITE 400
MIAMI FL 33172

3. Date Incorporated or Qualified
10/28/1994

3a. Date of Last Report
06/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0569569

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NESLON, THOMAS F III
760 NW 107TH AVE
SUITE 400
MIAMI FL 33172

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP
NAME LEWIS, JR., WILLIAM M
STREET ADDRESS 1251 AVENUE OF THE AMERICAS, 28TH FLOOR
CITY-ST-ZIP NEW YORK NY 10020

1.1 TITLE DVP
1.2 NAME William M. Lewis, Jr.
1.3 STREET ADDRESS 1585 Broadway, 37th Floor
1.4 CITY-ST-ZIP New York, NY 10036
☒ Change ☐ Addition

TITLE DPST
NAME KRASNOFF, JEFFREY P
STREET ADDRESS 700 NW 107TH AVENUE, SUITE 400
CITY-ST-ZIP MIAMI FL 33172

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE VP
NAME LEVIN, DAVID
STREET ADDRESS 760 NW 107TH AVENUE, SUITE 400
CITY-ST-ZIP MIAMI FL 33172

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

TITLE AS
NAME NEALON, III, THOMAS F
STREET ADDRESS 760 NW 107TH AVENUE, SUITE 400
CITY-ST-ZIP MIAMI FL 33172

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (305) 320-4300
Date Daytime Phone #

CR2E034 (12/95)