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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

780 NW 107TH AVE
SUITE 400
MIAMI FL 33172

Mailing Address

780 NW 107TH AVE
SUITE 400
MIAMI FL 33172-3157

3. Date Incorporated or Qualified
10/28/1994

3a. Date of Last Report
05/03/1996

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

2. Principal Place of Business

21 Suite, Apt #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

NESLON, THOMAS F III
780 NW 107TH AVE
SUITE 400
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

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 DVP ☐ DELETE
NAME LEWIS, JR., WILLIAM M
STREET ADDRESS 1585 BROADWAY 37TH FLOOR
CITY-ST-ZIP NEW YORK NY 10036

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

TITLE VP ☐ DELETE
NAME LEVIN, DAVID
STREET ADDRESS 780 NW 107TH AVENUE, SUITE 400
CITY-ST-ZIP MIAMI FL 33172

TITLE AS ☐ DELETE
NAME NEALON, III, THOMAS F
STREET ADDRESS 780 NW 107TH AVENUE, SUITE 400
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME Thekla Blaser
1.3 STREET ADDRESS 760 NW 107th Avenue, Suite 400
1.4 CITY-ST-ZIP Miami, FL 33172

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

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

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

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

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

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: *Thomas F. Nealon III* Thomas F. Nealon III

2/28/97

305-220-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)