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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P94000087247 (0)

ENGLE HOMES/LAKE BERNADETTE, INC.

Principal Place of Business Mailing Address 123 NW 13TH ST. 123 NW 13TH ST. SUITE 300 SUITE 300 **BOCA RATON FL 33432 BOCA RATON FL 33432** APPROVEU AND FILED

96 APR 24 AM 10: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DADIO BRAND BRANC		i fari ladi

		DOOR INTONIE CA	IVE		3. Date Incorporated or Qualified 3a. Date of Last Report		
					11/30/1994 04/26/1995		
2. Principal Place of Business		2a, Mailing Address	2a Mailing Address				
21		26			EQ QQQQCE		
		Suite, Apt. #, etc.	Suite Ant # etc		CO 75		
——————————————————————————————————————		27	are, ripe ii, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State)	City & State					
23		28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Ζφ	Countr	у	This corporation has liability for intangible tax under s 199.032,		
24	25	29			Florida Statutes Yes No		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			81	Name	e		
SHAPIRO, DAVID			0.0	82 Street Address (P.O. Box Number is Not Acceptable)			
123 NW 13TH ST.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 300			83	1			
BOCA RATON FL 33432							
2007(11			84	City	FL 85 Zip Code		
11. Pursuant t	a the provisions of Sections 607 050	12 and 607 1508 Florida Status	tan the observe	l nomod o	corporation submits this statement for the purpose of changing its registered office		
				named consoration's	corporation submits this statement for the purpose of changing its registered office 's board of directors. I hereby accept the appointment as registered agent, I am		
familiar wit	th, and accept the obligations of, Sec	ction 607.0505, Florida Statute	s.		because of the amost of the transfer as registered agent. I am		
SIGNATURE.							
12.	Signature, typed or printed name of registered age			nt signature	e required when reinstating) DATE		
TILE	DV OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
	-	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition		
NAME	ENGELSTEIN, ALEC		1.2 NAME				
STREET ADDRESS	123 N.W. 13TH ST.		1.3 STREE	t address			
CITY-ST ZIF	BOCA RATON FL 33432		1.4 CiTY-	ST-ZIP			
JILT.	DV	DELETE	2 1 THTLE		☐ Change ☐ Addition		
NAME	KRAYNICK, JOHN A		2 2 NAME				
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2 3 STREE	T ADDRESS	300001791923 -04/24/9601012017		
CITY-ST-ZIP	BOCA RATON FL 33432		2 4 CITY -	ST - ZIP	-04/24/9601012017		
TIFLE	DVST	☐ DELETE	3. 1 TITLE		****208.75 *****208 *duffion		
NAME	Shapiro, David		3.2 NAME				
STREET ADDRESS	123 N.W. 13TH ST.		3.3. STRFF	T ADDRESS	s		
CITY-ST ZIP	BOCA RATON FL 33432		34 CITY-5				
TITLE	Р	▼ DELETE	4 1 TITLE		Change Addition		
NAME	THEIS, STEPHEN W	••	4 2 NAME		- January - January		
STREET ADDRESS	123 NW 13TH STREET SUIT	E 330		ADDRESS	,		
CITY-ST 2IP	BOCA RATON FL 33432		4.4 City-5				
TITLE		DELETE	5 1 TITLE	31.64	P Change X Addition		
NAME		<u>_</u>	5.2 NAME				
STREET ADDRESS				ADDRESS	O'DOWD, STEVEN M.		
CHTY-ST-ZIP	335				123 N.W. 13TH STREET, SUITE 300 BOCA RATON, FLORIDA 33432		
THLE		DELETE	5.4 City - 9	ot - ZIP			
NAME		[] percit	6 1 TITLE		Change Addition		
			6 2 NAME				
STREET ADDRESS			63STREET		•		
CiTY-ST-7iP		Constant of Constant	6 4 CITY - S	ST-ZIP			
 +oo hereby 	/ certify that the information supplied	i with this filing is voluntarily furr	hished and doe	is not qua	ualify 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 office or director of the corporation of the project 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 office or director of the corporation of the project or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or \$10 k 13 if chapter 607, Florida Statutes; and that my name

SIGNATURE:

MANATHOE AND THE OR POINTED POR DISHING OFFICER OF DIRECT

APRIL 11, 1996 (407) 391-4012