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 # P9400093535 (0)							
G.L. HOMES OF WYNDHAM LAKES CORPORATION							
Principal Place of Business Mailing Address					{	EUN 8811 89118 1818 11181	
1401 UNIVERSITY DR		1401 UNIVERSITY D	1401 UNIVERSITY DR				
SUITE 200 CORAL SPRINGS FL 33071		SUITE 200 CORAL SPRINGS FL	SUITE 200 CORAL SPRINGS FL 33071				
••••		CONTROL OF THE CONTROL OF THE			3. Date Incorporated or Qualified	3a. Date of Last I	
2. Principal Place of Business		2a. Mailing Address			12/28/1994 4. FEI Number	04/27/	Applied For
		26			65-0542344		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1		5. Certificate of Status Desired		5 Additional
City & State		City & State	-L		6. Election Campaign Financing		Required
23		28	1		Trust Fund Contribution	1 1	00 May Be ed to Fees
Zip Country 25 29		Zip	├ ───¬		This corporation has liability for intangible tax under s 199.032, Florida Statutes		
24	25 Solution 25 Sol	29 Registered Agent	30		Florida Statutes Yes 10. Name and Address of New R		
81 Name							
GRANT, MARK			82 Stre	et Addres	s (P.O. Box Number is Not Acceptab	ile)	
	BROWARD BOULEVARD		83				
FI. LAI	JDERDALE FL 33302						
			84 City			FL I I	ip 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 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 a							registered office
terringer write	, and accept the obligations of, Section	i 607.0505, Florida Statutes	,		or an october moreony becope the coppe	ommitteen de registere	a again. Fam
SIGNATURE s	ignature, typod or printed name of registrated agent ar	u ticle if applicable (NO	It.: Rogistored Agent signat.	re required w	then reinstaling)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TITLE NAME	PD Ezratti, itzhak	DELETE	1. 1 TOLE			☐ Change	☐ Addition
STREET ADDRESS 1401 UNIVERSITY DRIVE, #200		200	1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	00041 0001100 51 00051		1.4 CITY-ST-ZIP				
TITLE	VS	DELETE	2 1 TITLE			Change	☐ Addition
NAME	FANT, ALAN		2.2 NAME				
STREET ADDRESS 1401 UNIVERSITY DRIVE, #200		200	2.3 STREET ADDRES	ss			
CITY-ST-ZIP TITLE	DITY-ST-ZIP CORAL SPRINGS FL 33071		2.4 CITY-ST-7IP			<u> </u>	
NAME	COSTELLO, RICHARD A		3 1 TITLE 32 NAME			☐ Change	☐ Addition
STREET ADDRESS 1401 UNIVERSITY DRIVE, #200		32 NAME 33 STREET ADDRES	22				
CITY-ST-ZIP	CORAL SPRINGS FL 33071		34 CITY-ST-ZIP	33			
TITLE	\$	DELETE	4 1 TIBLE	-		☐ Change	Addition
NAME	EZRATTI, MOSHE		4.2 NAME]			
STREET ADDRESS	1401 UNIVERSITY DRIVE, #2	200	4.3 STREET ADDRES	s			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		4.4 CITY - ST - ZIP				
TITLE	٧	☐ DELETE	5 1 TITLE			☐ Change	Addition
NAME	NORWALK, RICHARD		5.2 NAME				
STREET ADDRESS	1401 UNIVERSITY DRIVE, #2	00	5.3 STREET ADDRES	s			
CITY-S1-ZIP	CORAL SPRINGS FL 33071		5 4 CITY - ST - ZIP				
TITLE		DELFTE	6. 1 TITLE			Change	Addition
NAME			6.2 NAME	1			
STREET ADDRESS			6.3 STREET ADDRES	s			
CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished			6.4 CITY - ST - ZIP				
certify that t	certify that the information supplied wi he information indicated on this annua	n this filing is voluntarily furni report or supplemental anni	shed and does not di lat raport is true and	qualify for	the exemption stated in Section 119.	07(3)(k), Florida Statu	ites. 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 this 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 ettachnish address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

109/96 (954) 25**9** Dayberd Prior