

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 # P95000028403 (0)

1. Corporation Name

G.L. HOMES OF SILVER LAKES XXVI 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

3. Date Incorporated or Qualified

04/11/1995

3a. Date of Last Report

4. FEI Number

65-0575906

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

GRANT, MARK F
200 EAST BROWARD BLVD.
15TH FLOOR
FT. LAUDERDALE FL 33301

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 below or next to agent and then mailed to:

(NOTE: Registered Agent signature required when changing information.)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PD	EZRATTI, ITZHAK	1401 UNIVERSITY DRIVE SUITE 200	CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VS	FANT, ALAN	1401 UNIVERSITY DRIVE SUITE 200	CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VT	COSTELLO, RICHARD	1401 UNIVERSITY DRIVE SUITE 200	CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
S	EZRATTI, MOSHE	1401 UNIVERSITY DRIVE SUITE 200	CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
V	NORWALK, RICHARD	1401 UNIVERSITY DRIVE SUITE 200	CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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

4/29/96

(954) 753-1730

CR2E034 (12/95)