

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90007 018 \*\*\*158.75

DOCUMENT # P95000083730

1. Corporation Name  
G.L. HOMES OF SILVER LAKES XXVIII CORPORATION

Principal Place of Business  
1401 UNIVERSITY DRIVE  
SUITE 200  
CORAL SPRINGS FL 33071

Mailing Address  
1401 UNIVERSITY DRIVE  
SUITE 200  
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1995

4. FEI Number

65-0655277

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 PD  
NAME EZRATTI, ITZHAK  
STREET ADDRESS 1401 UNIVERSITY DR., STE.200  
CITY-ST-ZIP CORAL SPRINGS FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VS  
NAME FANT, ALAN  
STREET ADDRESS 1401 UNIVERSITY DR. STE.200  
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE VT  
NAME COSTELLO, RICHARD  
STREET ADDRESS 1401 UNIVERSITY DR., STE.200  
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE S  
NAME EZRATTI, MOSHE  
STREET ADDRESS 1401 UNIVERSITY DR., STE.200  
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE V  
NAME NORWALK, RICHARD  
STREET ADDRESS 1401 UNIVERSITY DR., STE.200  
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE V  
NAME ARKIN, R  
STREET ADDRESS 1401 UNIVERSITY DR, STE 200  
CITY-ST-ZIP CORL SPGS FL 33071

6.1 TITLE  
6.2 NAME ARKIN, RICHARD  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD NORWALK VICE PRESIDENT

03/15/99

Date

954-753-1730

Daytime Phone #

CR2E034 (11/98)

0168166