


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90204 026 ***150.00

DOCUMENT # P96000022573	
1. Entity Name G.L. HOMES OF BOCA RATON III 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
---	---

2. Principal Place of Business 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300	3. Mailing Address 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300
--	--

City & State Sunrise, FL	City & State Sunrise, FL
Zip 33323	Country USA

60034401



04262006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0670773	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent GRANT, MARK K 200 EAST BROWARD BLVD. 15TH FLOOR FT. LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	SEE ATTACHED
---	--	---------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EZRATTI, ITZHAK 1401 UNIVERSITY DR STE 200 CORAL SPRGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EZRATTI, ITZHAK 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS FANT, ALAN 1401 UNIVERSITY DR STE 200 CORAL SPRGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS FANT, ALAN J. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COSTELLO, RICHARD 1401 UNIVERSITY DR STE 200 CORAL SPRGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTELLO, RICHARD A. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORWALK, RICHARD 1401 UNIVERSITY DR STE 200 CORAL SPRGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORWALK, RICHARD M. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1401 UNIVERSITY DR STE 200 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HELFMAN, STEVEN M 1401 UNIVERSITY DR, STE 200 CORAL SPRGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HELFMAN, STEVEN M. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	MARIA MENENDEZ, VICE PRESIDENT	4.28.06	954-753-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

ATTACHMENT

CONTINUATION PAGE
2006 FOR PROFIT CORPORATION
ANNUAL REPORT

60034401
#P96000022573

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE: VT ☒ Change ☐ Addition
NAME: N. Maria Menendez
STREET ADDRESS: 1600 Sawgrass Corporate Parkway, #300
CITY-ST-ZIP: Sunrise, FL 33323