
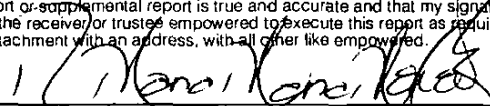


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90038 003 \*\*\*150.00

<b>DOCUMENT # P96000022573</b> 1. Entity Name <b>G.L. HOMES OF BOCA RATON III CORPORATION</b>					
Principal Place of Business <b>1600 SAWGRASS CORP PKWY SUITE 300 FORT LAUDERDALE, FL 33323</b>			Mailing Address <b>1600 SAWGRASS CORP PKWY SUITE 300 FORT LAUDERDALE, FL 33323</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>65-0670773</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRANT, MARK K 200 EAST BROWARD BLVD. 15TH FLOOR FT. LAUDERDALE, FL 33301</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>  <b>SEE ATTACHED</b>	
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input 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 SPGS, 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 MENDEZ, VICE PRESIDENT    4/27/07    954-753-1730		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date      Daytime Phone #</small>		

ATTACHMENT

40095901

CONTINUATION PAGE

DOCUMENT # P96000022573  
2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☒ Addition

TITLE:	VT
NAME:	N. MARIA MENENDEZ
STREET ADDRESS:	1600 Sawgrass Corp Pkwy #300
CITY-ST-ZIP:	Sunrise, FL 33323