

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90242 002 ***150.00

DOCUMENT # P96000026088			
1. Entity Name G.L. HOMES OF BOYNTON BEACH 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0668029		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



14022199



MOORE CR2E034 (11/03)

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

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EZRATTI, ITZHAK			NAME	Menendez, N. MARIA		
STREET ADDRESS	1401 UNIVERSITY DR STE 200			STREET ADDRESS	1401 UNIVERSITY DR #200		
CITY-ST-ZIP	CORAL SPRGS FL 33071			CITY-ST-ZIP	CORAL SPRINGS, FL 33071		
TITLE	VAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FANT, A			NAME			
STREET ADDRESS	1401 UNIVERSITY DR STE 200			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRGS FL 33071			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COSTELLO, RICHARD			NAME			
STREET ADDRESS	1401 UNIVERSITY DR STE 200			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRGS FL 33071			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORWALK, RICHARD			NAME			
STREET ADDRESS	1401 UNIVERSITY DR STE 200			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRGS FL 33071			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORBAN, PAUL			NAME			
STREET ADDRESS	1401 UNIVERSITY DR STE 200			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRGS FL 33071			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELFMAN, STEVEN M			NAME			
STREET ADDRESS	1401 UNIVERSITY DR, STE 200			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPGS FL 33071			CITY-ST-ZIP			

12. 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 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: *N. Maria Menendez* **N. Maria Menendez, Vice President** 4/26/04 954-753-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #