

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-02-2006 90159 048 ***150.00

DOCUMENT # P96000090200

1. Entity Name
NLS COMMUNITIES, INC.



Principal Place of Business
5000 T-REX AVE
SUITE 150
BOCA RATON, FL 33431

Mailing Address
5000 T-REX AVE
SUITE 150
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0704238

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

KOEPEL, JOEL P
222 LAKEVIEW AVENUE
SUITE 260
W. PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SIEGEL, NED L
STREET ADDRESS	5000 T-REX AVE, STE 150
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	PSD
NAME	GRUNDT, BRUCE S
STREET ADDRESS	5000 T-REX AVE, STE 150
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VP
NAME	ROTHMAN, FRED B
STREET ADDRESS	5000 T-REX AVENUE SUITE 150
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE S. GRUNDT
PRESIDENT

4/27/06

Date

(561) 998-9200

Daytime Phone #

ATTACHMENT

40077784

5000 T-Rex Avenue, Suite 150
Boca Raton, FL 33431
Tel: (561) 998-9200 Fax: (561) 998-7882

VIA CERTIFIED MAIL - 7006 0100 0002 3717 5863

April 27, 2006

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

RE: Annual Report - 2006

Enclosed, please find the below listed entities payment(s) for the annual report, as follows:

<u>Entity</u>	<u>Document #</u>	<u>Payment</u>
NLS Communities, Inc	P96000090200	\$ 150.00
NLS Communities, Building & Design	P96000090204	\$ 150.00
SG of South Florida, Inc	P98000047532	\$ 150.00
SG at Ibis, Inc	P96000090221	\$ 150.00

Very truly yours,



Roseann Coraci
NLS Communities