

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090204 (4)

1. Corporation Name
NLS COMMUNITIES BUILDING & DESIGN, INC.

Principal Place of Business
222 LAKEVIEW AVENUE
SUITE 260
W. PALM BEACH FL 33401

Mailing Address
222 LAKEVIEW AVENUE
SUITE 260
W. PALM BEACH FL 33401-6147

FILED

97 APR 23 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified
11/04/1996

3a. Date of Last Report

2. Principal Place of Business

21 1800 CORPORATE BLVD.

2a. Mailing Address

26 1800 CORPORATE BLVD.

4. FEI Number

65-0706661

Applied For

Not Applicable

Suite, Apt. #, etc.

22 #300

Suite, Apt. #, etc.

27 #300

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33431

Country

25 USA

Zip

29 33431

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D
NAME KOEPEL, JOEL P
STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 260
CITY-ST-ZIP W. PALM BEACH FL 33401

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P
1.2 NAME Ned L. Siegel
1.3 STREET ADDRESS 1800 Corporate Blvd. N.W., Suite 300
1.4 CITY-ST-ZIP Boca Raton, FL 33431

☐ Change ☒ Addition

2.1 TITLE D, V, S
2.2 NAME Bruce S. Grundt
2.3 STREET ADDRESS 1800 Corporate Blvd. N.W., Suite 300
2.4 CITY-ST-ZIP Boca Raton, FL 33431

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ned L. Siegel, President

4/22/97 (561) 998-9200
Date Daytime Phone #

CR2E034 (9/96)