


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90204 020 ***150.00

DOCUMENT # P98000008708					
1. Entity Name G.L. HOMES OF BOYNTON BEACH V 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		04032006 Chg-P CR2E034 (11/05)	
City & State Sunrise, FL		City & State Sunrise, FL		4. FEI Number 65-0817212	
Zip 33323		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, MARK F 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 PD NAME EZRATTI, ITZHAK STREET ADDRESS 1401 UNIVERSITY DR., STE 200 CITY-ST-ZIP CORAL SPGS, FL 33071	<input type="checkbox"/> Delete		TITLE PD NAME EZRATTI, ITZHAK STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300 CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VAS NAME FANT, ALAN STREET ADDRESS 1401 UNIVERSITY DR., STE 200 CITY-ST-ZIP CORAL SPGS, FL 33071	<input type="checkbox"/> Delete		TITLE VAS NAME FANT, ALAN J. STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300 CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME COSTELLO, RICHARD STREET ADDRESS 1401 UNIVERSITY DR., STE 200 CITY-ST-ZIP CORAL S PGS, FL 33071	<input type="checkbox"/> Delete		TITLE V NAME COSTELLO, RICHARD A. STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300 CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME NORWALK, RICHARD STREET ADDRESS 1401 UNIVERSITY DR., STE 200 CITY-ST-ZIP CORAL SPGS, FL 33071	<input type="checkbox"/> Delete		TITLE V NAME NORWALK, RICHARD M. STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300 CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME CORBAN, PAUL STREET ADDRESS 1401 UNIVERSITY DRIVE # 200 CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		TITLE S NAME CORBAN, PAUL STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300 CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME HELFMAN, STEVEN M STREET ADDRESS 1401 UNIVERSITY DRIVE # 200 CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		TITLE V NAME HELFMAN, STEVEN M. STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300 CITY-ST-ZIP 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			N. MARIA MENDOZA, VICE PRESIDENT 4-28-06 954-753-1730 Date Daytime Phone #		

ATTACHMENT

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CONTINUATION PAGE
2006 FOR PROFIT CORPORATION
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☒ Change ☐ Addition

TITLE:

VT

NAME:

N. Maria Menendez

STREET ADDRESS:

1600 Sawgrass Corporate Parkway, #300

CITY-ST-ZIP:

Sunrise, FL 33323