

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000056340

FILED  
Apr 22, 2011  
Secretary of State

Entity Name: G.L. HOMES OF PALM BEACH CORPORATION

**Current Principal Place of Business:**

1600 SAWGRASS CORP PKWY  
STE 400  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1600 SAWGRASS CORP PKWY  
STE 400  
SUNRISE, FL 33323

**New Mailing Address:**

FEI Number: 65-0851919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HELFMAN, STEVEN M ESQ.  
1600 SAWGRASS CORP PKWY  
SUITE 400  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: EZRATTI, ITZHAK  
Address: 1600 SAWGRASS CORP PKWY, STE 400  
City-St-Zip: SUNRISE, FL 33323

Title: VAS  
Name: FANT, ALAN J  
Address: 1600 SAWGRASS CORP PKWY, STE 400  
City-St-Zip: SUNRISE, FL 33323

Title: V  
Name: NORWALK, RICHARD M  
Address: 1600 SAWGRASS CORP PKWY, SUITE 400  
City-St-Zip: SUNRISE, FL 33323

Title: S  
Name: CORBAN, PAUL  
Address: 1600 SAWGRASS CORP PKWY, SUITE 400  
City-St-Zip: SUNRISE, FL 33323

Title: VT  
Name: MENENDEZ, N. MARIA  
Address: 1600 SAWGRASS CORP PKWY, SUITE 400  
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD M. NORWALK

V

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date