

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-05-2004 90242 034 ***158.75

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1. Entity Name

G.L. HOMES OF NAPLES 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**

14022167



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0897194

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRANT, MARK F
200 EAST BROWARD BLVD, 15TH FLOOR
FORT LAUDERDALE FL 33301**

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

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, 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 ☐ Delete
NAME **DP**
STREET ADDRESS **EZRATTI, ITZHAK**
CITY-ST-ZIP **1401 UNIVERSITY DR SUITE 200
CORAL SPG FL 33071**

TITLE ☐ Change ☒ Addition
NAME **Menendez, N. MARIA**
STREET ADDRESS **1401 UNIVERSITY DR #200**
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE ☐ Delete
NAME **VPAS**
STREET ADDRESS **FANT, ALAN J**
CITY-ST-ZIP **1401 UNIVERSITY DR SUITE 200
CORAL SPG FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VT**
STREET ADDRESS **COSTELLO, RICHARD A**
CITY-ST-ZIP **1401 UNIVERSITH DR SUITE 200
CORAL SPG FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **NORWALK, RICHARD M**
CITY-ST-ZIP **1401 UNIVERSITY DR SUITE 200
CORAL SPG FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CORBAN, PAUL**
CITY-ST-ZIP **1401 UNIVERSITY DR SUITE 200
CORAL SPG FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **HELFMAN, STEVEN M**
CITY-ST-ZIP **1401 UNIVERSITY DRIVE SUITE 200
CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

4/26/04

954-753-1730