


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90226 039 ***150.00

DOCUMENT # P99000000377					
1. Entity Name G.L. HOMES OF NAPLES CORPORATION					
Principal Place of Business 1600 SAWGRASS CORP PARKWAY SUITE 300 230 SUNRISE, FL 33323 US			Mailing Address 1600 SAWGRASS CORP PARKWAY SUITE 300 230 SUNRISE, FL 33323 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		04142008 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0897194				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <u>Steven M. Helfman, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1600 Sawgrass Corp Pkwy, Suite 230</u> City <u>Sunrise</u> FL Zip Code <u>33323</u>		
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 <u>[Signature]</u> DATE <u>4/29/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EZRATTI, ITZHAK 1600 SAWGRASS CORP PARKWAY SUITE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS FANT, ALAN J 1600 SAWGRASS CORP PARKWAY SUITE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MENDEZ, MARIA N 1600 SAWGRASS CORP. PKWY. SUITE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPT MENENDEZ, N. MARIA 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORWALK, RICHARD M 1600 SAWGRASS CORP PARKWAY SUITE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1600 SAWGRASS CORP PARKWAY SUITE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HELFMAN, STEVEN M 1600 SAWGRASS CORP PARKWAY SUITE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323	
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: <u>[Signature]</u>			MARIA MENENDEZ, VICE PRESIDENT 4/29/08 954-753-1730 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		