

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90204 027 ***150.00

DOCUMENT # P99000040914

1. Entity Name
G.L. HOMES OF MIRAMAR II 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**

60034448



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0932078

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 ESQ
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

SEE ATTACHED

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
EZRATTI, ITZHAK
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS, FL 33071**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
EZRATTI, ITZHAK
1600 SAWGRASS CORP PKWY, SUITE 300
SUNRISE, FL 33323**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPAS
FANT, ALAN J
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS, FL 33071**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
FANT, ALAN J
1600 SAWGRASS CORP PKWY, SUITE 300
SUNRISE, FL 33323**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
COSTELLO, RICHARD A
1401 UNIVERSITY DRIVE, SUITE 200
POMPANO BEACH, FL 33071**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
COSTELLO, RICHARD A
1600 SAWGRASS CORP PKWY, SUITE 300
SUNRISE, FL 33323**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
NORWALK, RICHARD M
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS, FL 33071**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
NORWALK, RICHARD M
1600 SAWGRASS CORP PKWY, SUITE 300
SUNRISE, FL 33323**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CORBAN, PAUL
1401 UNIVERSITY DR STE 200
CORAL SPRINGS, FL 33071**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CORBAN, PAUL
1600 SAWGRASS CORP PKWY, SUITE 300
SUNRISE, FL 33323**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MENENDEZ, N. MARIA
1401 UNIVERSITY DR #200
POMPANO BEACH, FL 33071**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
MENENDEZ, N. MARIA
1600 SAWGRASS CORP PKWY, SUITE 300
SUNRISE, FL 33323**

☒ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. MARIA MENENDEZ, VICE PRESIDENT

Date

Daytime Phone #

954-753-1730

ATTACHMENT

60034448

#P99000040914

CONTINUATION PAGE
2006 FOR PROFIT CORPORATION
ANNUAL REPORT

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

TITLE: _____

NAME: Steven M. Helfman

STREET ADDRESS: 1600 Sawgrass Corporate Parkway, #300

CITY-ST-ZIP: Sunrise, FL 33323