## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P99000091382 Entity Name G.L. HOMES OF SUNSET LAKES CORPORATION

SIGNATURE:



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

05-02-2006 90205 015 \*\*\*158.75

954-753-1730

Daytime Phone #

SIZINOMIZO SI SONDET ZANZO GONI GINATION					9					
Principal Place of Business 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071		Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071								
	lace of Business Sawgrass Corp Pkwy	3. Mailing Address 1600 Sawgrass Corp Pkwy								
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300			04032006	Chg-P	CR2E03	4 (11/05)		
City & State Sunrise, FL		City & State Sunrise, FL			4. FEI Number 65-0958				plied For t Applicable	
<sup>Z</sup> in 33323	Country USA	<sup>Zip</sup> 33323	323 Country USA		5. Certificate of	of Status Desired		8.75 Add		
	6. Name and Address of Current R	egistered Agent	1		7. Name and	Address of New Re	gistered A	gent		
				Name						
200 EAST	IARK F ESQ BROWARD BLVD., 15TH FLOC IDERDALE, FL 33301	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										
- White ingredion gain agration todared mini felligianty Dhite										
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   Added						SEE A	MACH	<del>5</del> 0		
10.	OFFICERS AND D	IRECTORS	11.	BINGE 1	ADDITIONS/0	CHANGES TO OFFI			N 11	
TITLE	DP	☐ Delete	TITL	E	$\mathfrak{I}P$			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	1401 UNIVERSITY DRIVE, STE 200			EET ADDRESS -ST-ZIP	EZRATTI, ITZHA 1600 SAWGRA	<b>(</b> \$\$ CORP PKWY, \$ 323	UITE 300	•		
TITLE				1/1/			<b>★</b> Change	<b>—</b> • 1 197		
NAME	VAS Delete		TITL: NAM	1	FANT, ALAM	FANT ALAM I			☐ Addition	
STREET ADDRESS	I			EET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323					
CITY-ST-ZIP				-ST-ZIP	SUMMISE, PL S	323				
TITLE	VT Delete IIII.			F	V			Change	Addition	
NAME	COSTELLO, RICHARD A				COSTELLO, RI	CHARD A.		Change	Notation	
STREET ADDRESS				EET ADDRESS	1600 SAWGRA	SS CORP PKWY, S	LUTTE 300			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY	-ST-ZIP	SUNRISE, FL 33	323				
TITLE	V	☐ Delete	TITL	F F	3.4			<b>K</b> Change	☐ Addition	
NAME	NORWALK, RICHARD M	_ 55,615	NAM	I	V			Pa onlingo		
STREET ADDRESS	1401 UNIVERSITY DRIVE, STE 20	00	STRE	EET ADDRESS	NORWALK, I	RICHARD M. ASS CORP PKWY,	CLUTTE 200			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY	-ST-ZIP	SUNRISE, FL 3.	3323	SOILE SOO			
TITLE	S	☐ Delete	TITL	E	<u> </u>			Change	☐ Addition	
NAME	CORBAN, PAUL NAM		iE	CORBAN, PAU	L SS CORP PKWY, S		/- ·	_		
STREET ADDRESS	1401 UNIVERSITY DRIVE, STE 200 STRE		EET ADDRESS	SUNRISE, FL 33	323	OHE SUU				
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY	-ST-ZIP						
TITLE	V	☐ Delete	TITL	E			,	💢 Change	☐ Addition	
NAME	HELFMAN, STEVEN NAM		E	HELFMAN, S	TEVEN M		r			
STREET ADDRESS	1		EET ADDRESS	1600 SAWG SUNRISE, FL		, suite 300	)			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			-ST-ZIP						
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 of 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.										

ATTACHMENT 60034462

CONTINUATION PAGE 2006 FOR PROFIT CORPORATION # \$199000091382

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE:

☼ Change ☐ Addition

NAME:

N. Maria Menendez

STREET ADDRESS:

1600 Sawgrass Corporate Parkway, #300

CITY-ST-ZIP:

Sunrise, FL 33323