

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V20452 (1)**

1. Corporation Name

**G. L. HOMES OF SILVER LAKES VII 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**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**GRANT, MARK  
C/O RUDEN BARNETT  
200 E. BROWARD BOULEVARD  
FT. LAUDERDALE FL 33302**

3. Date Incorporated or Qualified  
**03/12/1992**

3a. Date of Last Report  
**04/28/1995**

4. FEI Number

**65-0324707**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PDR  
EZRATTI, ITZHAK  
1401 UNIVERSITY DR, #200  
CORAL SPRINGS FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VS  
FANT, ALAN  
1401 UNIVERSITY DR, #200  
CORAL SPRINGS FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VT  
COSTELLO, RICHARD A  
1401 UNIVERSITY DR, #200  
CORAL SPRINGS FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S  
EZRATTI, MOSHE  
1401 UNIVERSITY DRIVE, #200  
CORAL SPRINGS FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**V  
NORWALK, RICHARD M  
1401 UNIVERSITY DR #200  
CORAL SPGS FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**

Date

**(954) 753-1730**

Daytime Phone #

CR2E034 (12/95)