2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030560

Entity Name: G.L. HOMES OF NAPLES II CORPORATION

FILED Apr 29, 2015 **Secretary of State** CC5378604153

Current Principal Place of Business:

1600 SAWGRASS CORP PKWY

SUITE 400

SUNRISE, FL 33323

Current Mailing Address:

1600 SAWGRASS CORP PKWY SUITE 400

SUNRISE, FL 33323

FEI Number: 01-0711126 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HELFMAN, STEVEN M. ESQ. 1600 SAWGRASS CORP PKWY SUITE 400

SUNRISE, FL 33323 US

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.

SIGNATURE: STEVEN M. HELFMAN, ESQ.

04/29/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

Title Title **VPAS**

EZRATTI, ITZHAK Name Name FANT, ALAN J

1600 SAWGRASS CORP PKWY, STE 1600 SAWGRASS CORP PKWY, STE Address Address

SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title Title S

Name NORWALK, RICHARD M Name CORBAN, PAUL

Address 1600 SAWGRASS CORP PKWY, STE Address 1600 SAWGRASS CORP PKWY, STE

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title VT Title ٧P

MENENDEZ, N. MARIA ARKIN, RICHARD Name Name

1600 SAWGRASS CORP PKWY, STE 1600 SAWGRASS CORP PKWY, STE Address Address 400

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title ٧P

Name HELFMAN, STEVEN M.

Address 1600 SAWGRASS CORP PKWY, STE

400

SUNRISE FL 33323 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

VP

SIGNATURE: RICHARD M. NORWALK

04/29/2015