2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000303

FILED
SECRETARY OF ST
DIVISION OF CORPOR

00 FEB -7 AM 9:47

1. Entity Name

CORAL VILLAGE II, LTD.

Principal Place of Business	Mailing Address
1520 ROYAL PALM SQUARE BLVD., STE. 360 FT. MYERS FL 33919	1520 ROYAL PALM SQUARE BLVD., STE. 360 FT. MYERS FL 33919-1053

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0814610 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

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
ARNOLD, BOWEN A 1520 ROYAL PALM SQUARE BLVD., SUITE 360 FORT MYERS FL 33919	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$7,500.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	N95000001649	STREET ADDRESS	
NAME	CAPE CORAL HOUSING REHABILITATION & DEVELO	CITY-ST-ZIP	
STREET ADDRESS	1430 S.E. 16TH PLACE, UNIT B		
CITY-ST-ZIP	CAPE CORAL FL 33990		
DOCUMENT #	P98000006718	STREET ADDRESS	
NAME	CORAL VILLAGE II, INC.	CITY-ST-ZIP	
STREET ADDRESS	1520 ROYAL PALM SQUARE BLVD., STE. 360		
CITY-ST-ZIP	FT. MYERS FL 33919		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900003138029--9
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CITY-ST-ZIP			

CR2E003 (9/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

01/06/00

SIGNATURE: SIGNATURE RAYMOND PRES, CORAL VILLAGE II INC. 9412758029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #