

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K64448**

(9)

1. Corporation Name

CNL GROWTH CORP.



Principal Place of Business

**400 EAST SOUTH STREET, SUITE 500
ORLANDO FL 32801**

Mailing Address

**400 EAST SOUTH STREET, SUITE 500
ORLANDO FL 32801**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**BOURNE, ROBERT A.
400 EAST SOUTH STREET
SUITE 500
ORLANDO FL 32801**

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 607.05(2) and 607.15(6), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Filing

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE
NAME **SENEFF, JAMES M. JR.**
STREET ADDRESS **400 EAST SOUTH STREET, SUITE 500**
CITY-STATE-ZIP **ORLANDO FL**

TITLE **PTD** ☐ DELETE
NAME **BOURNE, ROBERT A.**
STREET ADDRESS **400 EAST SOUTH STREET, SUITE 500**
CITY-STATE-ZIP **ORLANDO FL**

TITLE **S** ☐ DELETE
NAME **ROSE, LYNN E.**
STREET ADDRESS **400 EAST SOUTH STREET, SUITE 500**
CITY-STATE-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Bourne

3/13/96

(407) 422-1575

CR2E034 (12/95)