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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000005705 (9)

1. Corporation Name

ASSOCIATED HOUSING DEVELOPMENT CORP. II

Principal Place of Business

P.O. BOX 515  
PACIFIC PALISADES CA 90272-0515

Mailing Address

P.O. BOX 515  
PACIFIC PALISADES CA 90272-0515



3. Date Incorporated or Qualified

12/13/1993

3a. Date of Last Report

02/19/1996

4. FEI Number

51-0351873

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVENUE, SUITE 1100  
ORLANDO FL 32801

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST  
NAME WOJCIECHOWSKI, MICHAEL  
STREET ADDRESS 825 SOUTH BARRINGTON AVENUE, SUITE 250  
CITY-ST-ZIP LOS ANGELES CA 90049

TITLE V  
NAME KANTOR, STEVEN M.  
STREET ADDRESS 825 SOUTH BARRINGTON AVENUE, SUITE 250  
CITY-ST-ZIP LOS ANGELES CA 90049

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST  
1.2 NAME WOJCIECHOWSKI, MICHAEL  
1.3 STREET ADDRESS 327 SWARTHMORE AVENUE  
1.4 CITY-ST-ZIP PACIFIC PALISADES, CALIFORNIA 90272

2.1 TITLE V  
2.2 NAME KANTOR, STEVEN M.  
2.3 STREET ADDRESS 17383 SUNSET BLVD., SUITE A-230  
2.4 CITY-ST-ZIP PACIFIC PALISADES, CA 90272-4138

3.1 TITLE V  
3.2 NAME MCENULTY, FRANK E.  
3.3 STREET ADDRESS 17383 SUNSET BLVD., SUITE A-230  
3.4 CITY-ST-ZIP PACIFIC PALISADES, CA 90272-4138

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

*Frank E. McEnulty*

FRANK E. MCENULTY, VICE PRESIDENT

3/02/97

302302305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06/02/97

CR2E034 (9/96)