

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000005927 (9)

1. Corporation Name

CORAL LANDINGS RPFII REALTY CORPORATION

Principal Place of Business

3003 SUMMER ST.
STAMFORD CT 06905

Mailing Address

P.O. BOX 120073
STAMFORD CT 06912

APPROVED
AND
FILED

95 JUN 21 AM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1993		3a. Date of Last Report 10/12/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FET Number 06-1387329		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

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 at the time of filing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	1.1 TITLE	P
NAME	STRONE, MICHAEL J	1.2 NAME	Sargent, Preston P.
STREET ADDRESS	3003 SUMMER STREET	1.3 STREET ADDRESS	3003 Summer St.
CITY-STATE-ZIP	STAMFORD CT	1.4 CITY-STATE-ZIP	Stamford, CT 06905
TITLE	P	2.1 TITLE	V
NAME	RIORDAN, PHILIP A	2.2 NAME	Riordan, Philip A.
STREET ADDRESS	3003 SUMMER ST.	2.3 STREET ADDRESS	3003 Summer St.
CITY-STATE-ZIP	STAMFORD CT 06905	2.4 CITY-STATE-ZIP	Stamford, CT 06905
TITLE	V	3.1 TITLE	
NAME	WIEDERECHT, DAVID W	3.2 NAME	
STREET ADDRESS	3003 SUMMER ST.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	STAMFORD CT 06905	3.4 CITY-STATE-ZIP	
TITLE	V	4.1 TITLE	
NAME	HOOVER, STEPHEN B	4.2 NAME	
STREET ADDRESS	3003 SUMMER ST.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	STAMFORD CT 06905	4.4 CITY-STATE-ZIP	
TITLE	V	5.1 TITLE	V
NAME	BARRETT, B B	5.2 NAME	Barrett, B B
STREET ADDRESS	3003 SUMMER ST.	5.3 STREET ADDRESS	2025 Century Park E. 1230
CITY-STATE-ZIP	STAMFORD CT 06905	5.4 CITY-STATE-ZIP	Los Angeles, CA 90067
TITLE	VT	6.1 TITLE	
NAME	DWYER, PATRICK F	6.2 NAME	
STREET ADDRESS	3003 SUMMER ST.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	STAMFORD CT 06905	6.4 CITY-STATE-ZIP	

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

Michael J. Strone

6/13/96

(203) 326-2300

CR2E034 (12/95)