

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F97000000399 (2)**
1. Corporation Name
CNL FINANCIAL II, INC.

Principal Place of Business

Mailing Address

**400 E S ST
ORLANDO FL 32801**

**400 E S ST
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

59-3420301

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name

ROBERT A. BOURNE

82 Street Address (P.O. Box Number is Not Acceptable)

400 E. SOUTH ST., SUITE 500

83

84 City

ORLANDO

FL

85 Zip Code
32801

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]
Signature, typed or printed name of registered agent and title, if applicable.

ROBERT A. BOURNE

(NOTE: Registered Agent signature required when reinstating)

4/15/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

NAME **SENEFF, JAMES-**
STREET ADDRESS **%CNL FINANCIAL II, INC, 400 E S ST**
CITY - ST - ZIP **ORLANDO FL 32801**

1.1 TITLE

JAMES M. SENEFF, JR.

☒ Change ☐ Addition

TITLE **DV** ☐ DELETE

NAME **BOURNE, ROBERT-**
STREET ADDRESS **%CNL FINANCIAL II, INC, 400 E S ST**
CITY - ST - ZIP **ORLANDO FL 32801**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE **ST** ☐ DELETE

NAME **ROSE, LYNN-**
STREET ADDRESS **%CNL FINANCIAL II, INC, 400 E S ST**
CITY - ST - ZIP **ORLANDO FL 32801**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE **ST** ☐ DELETE

NAME **MCDUGALL, ED**
STREET ADDRESS **%CNL FINANCIAL II, INC, 400 E S ST**
CITY - ST - ZIP **ORLANDO FL 32801**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **CHRISTIANSEN, DEAN A**
STREET ADDRESS **%ACACIA CAPITAL, INC., 2 WALL ST 19TH FLR**
CITY - ST - ZIP **NY NY 10005**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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] James M. Seneff, Jr.

4/12/98

(407) 422-1574

CR2E034 (10/97)