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

5-1085-CORPORATION 5726

ANNUAL REPORT

**1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L18774** **(4)**

1. Corporation Name

**STONEMARK APARTMENTS II, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ONE CLEARLAKE CENTRE<br>250 AUSTRALIAN AVE. S., SUITE 400<br>W. PALM BEACH FL 33401<br>US | ONE CLEARLAKE CENTRE<br>250 AUSTRALIAN AVE S., SUITE 400<br>W. PALM BEACH FL 33401<br>US |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 09/27/1989 | 3a. Date of Last Report: 05/01/1994 |
| 4. FEI Number: 65-0102875 | ☐ 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 | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

MIG REALTY ADVISORS INC.
ONE CLEARLAKE CENTRE
250 AUSTRALIAN AVENUE S., SUITE 400
WEST PALM BEACH FL 33401

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 _____ DATE

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 11 TITLE | ☐ Change ☐ Addition |
| NAME | WAYMAN, EDWIN B. | 12 NAME | |
| STREET ADDRESS | 250 AUSTRALIAN AVE. S., STE 400 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 14 CITY-ST-ZIP | |
| TITLE | DV | 21 TITLE | ☐ Change ☐ Addition |
| NAME | WRIGHT, LARRY E. | 22 NAME | |
| STREET ADDRESS | 250 AUSTRALIAN AVE. S, SUITE 400 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 24 CITY-ST-ZIP | |
| TITLE | AS | 31 TITLE | ☐ Change ☐ Addition |
| NAME | GOLDBERGER, JANE S | 32 NAME | |
| STREET ADDRESS | 250 AUSTRALIAN AVE. S., #400 | 33 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-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:** _____ 2/15/95 (407) 820-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JANE S. GOLDBERGER, ASSISTANT SECRETARY

0243493 CP