

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90032 020 \*\*\*150.00

0326705

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000082917**

1. Corporation Name

**ESI DOSWELL GP II, INC.**

Principal Place of Business

**700 UNIVERSE BOULEVARD  
JUNO BEACH FL 33408**

Mailing Address

**ATTN: FRANCES M. CARPENTER  
700 UNIVERSE BOULEVARD  
JUNO BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/08/1996**

4. FEI Number

**65-0704961**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

see attached

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**LEON, J.E.  
9250 WEST FLAGLER STREET  
MIAMI FL 33174**

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 AS ☐ DELETE

NAME **TANCER, EDWARD F**  
STREET ADDRESS **11760 U.S. HIGHWAY ONE**  
CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE DV ☐ DELETE

NAME **HOFFMAN, KENNETH P.**  
STREET ADDRESS **11760 US HWY ONE, STE. 600**  
CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE DP ☒ DELETE

NAME **GELBER, LESLIE J.**  
STREET ADDRESS **11760 US HWY ONE, STE. 600**  
CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE V ☐ DELETE

NAME **SMITH, GLENN E.**  
STREET ADDRESS **11760 US HWY 1, SUITE 600**  
CITY-ST-ZIP **N. PALM BEACH FL 33408**

TITLE S ☐ DELETE

NAME **CARPENTER, FRANCES M.**  
STREET ADDRESS **11760 US HWY ONE, STE. 600**  
CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE DT ☐ DELETE

NAME **BOYLAN, PETER**  
STREET ADDRESS **11760 US HWY 1, SUITE 600**  
CITY-ST-ZIP **N. PALM BEACH FL 33408**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **700 UNIVERSE BLVD**  
1.4 CITY-ST-ZIP **JUNO BEACH FL 33408**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS **700 UNIVERSE BLVD**  
2.4 CITY-ST-ZIP **JUNO BEACH FL 33408**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **YACKIRA, MICHAEL W**  
3.3 STREET ADDRESS **700 UNIVERSE BLVD**  
3.4 CITY-ST-ZIP **JUNO BEACH FL 33408**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS **700 UNIVERSE BLVD**  
4.4 CITY-ST-ZIP **JUNO BEACH FL 33408**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS **700 UNIVERSE BLVD**  
5.4 CITY-ST-ZIP **JUNO BEACH FL 33408**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS **700 UNIVERSE BLVD**  
6.4 CITY-ST-ZIP **JUNO BEACH FL 33408**

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, with all other like empowered.

SIGNATURE:

*Frances M. Carpenter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frances M. Carpenter 2/19/99 (561) 6917171

Date

Daytime Phone #

CR2E034 (11/98)

324176-90032-20  
P96000082917

**ADDENDUM TO 1999 FLORIDA ANNUAL REPORT  
SECTION 13**

**ESI DOSWELL GP II, INC.      DOCUMENT #96000082917**

**TITLE:** AS  
**NAME:** HATHAWAY, SCOT C  
**STREET ADDRESS:** 700 UNIVERSE BLVD  
JUNO BEACH FL 33408

**TITLE:** AS  
**NAME:** PONDER, STEPHEN H  
**STREET ADDRESS:** 700 UNIVERSE BLVD  
JUNO BEACH FL 33408

**SECTION 8**

INTANGIBLE TAX IS PAID BY PARENT COMPANY, FPL GROUP, INC.,  
FEI #59-2449419