2004 FOR PROFIT CORPORATION ... ANNUAL REPORT (AR)

## Mar 15, 2004 8:00 am DOCUMENT # P97000005393 **Secretary of State** 1. Entity Name 03-15-2004 90032 039 \*\*\*150.00 STONEBRIDGE LANDINGS II. INC. Principal Place of Business Mailing Address 701 BRICKELL AVENUE, SUITE 1400 701 BRICKELL AVENUE, SUITE 1400 SUITE 1400 MIAMI FL 33131-2822 SUITE 1400 MIAMI FL 33131-2822 2. Principal Place of Business 3. Mailing Address 703 Waterford Way 703 Waterford Way Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (11/03) Suite 800 Suite 800 4. FEI Number Applied For City & State City & State 65-0729145 Miami, FL Miami, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33126 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOSIK, VICTOR L Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE 703 Waterford Way **SUITE 1400** Suite 800 MIAMI FL 33131-2822 Zip Code 33126 <u>Miami</u> 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P/D Change ☐ Addition TITLE Delete TITLE PITTS, DOUGLAS W NAME NAME STREET ADDRESS STREET ADDRESS 701 BRICKELL AVENUE, SUITE 1400 703 Waterford Way, Suite 800 MIAMI FL 33131-2822 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33126 Change ۷D TITLE Addition ☐ Delete TITLE COURTELIS, KIKI L NAME NAME 703 Waterford Way, Suite 800 701 BRICKELL AVENUE, SUITE 1400 STREET ADDRESS STREET ADDRESS Miami, FL 33126 CITY-ST-ZIP MIAMI FL 33131-2822 CITY-ST-ZIP **Change** TITLE ☐ Delete ☐ Addition NAME KURPS, JAMES 701 BRICKELL AVENUE, SUITE 1400 703 Waterford Way, Suite 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131-2822 CITY-ST-ZIP Miami, FL 33126 Change ☐ Delete TITLE ☐ Addition PRIDGEN, DOUGLAS NAME NAME 703 Waterford Way, Suite 800 701 BRICKELL AVENUE, SUITE 1400 STREET ADDRESS STREET ADDRESS Miami, FL 33126 CITY-ST-ZIP MIAMI FL 33131-2822 CITY-ST-ZIP FVP Change : ■ Addition TITLE □ Delete TITLE VASSILAROS, ELIAS NAME MAME 703 Waterford Way, Suite 800 701 BRICKELL AVE STE 1400 STREET ADDRESS STREET ADDRESS MIAMI FL 33131-2822 Miami, FL 33126 CITY-ST-ZIP City-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 report or suppliernental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

STRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED