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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000090273**1. Corporation Name

ESTACADO HOUSING II. INC.

Enucipal El	ace or pusiness	Malling Address							
950 N. ORLANDO AVE., STE. 320 WINTER PARK FL 32789		P.O. BOX 4961 ORLANDO FL 32802-4961 US					DO NOT WRITE	E IN THIS SPA	.CE
						3.	Date Incorporated or Qualifed		
							10/21/1997		
	Place of Business	2a. Mailing Address	2a. Mailing Address			4.	FEI Number		Applied For
21		26				1	59-3478637		Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc	•n			5	Certificate of Status Desired	KL \$	8.75 Additional
22		27				"	Colonia Colonia De Silva	-	Fee Required
City & Si	tate	City & State				6.	Election Campaign Financing	1 1	5.00 мау ве
23		28	_				Trust Fund Contribution	. ,	Added to Fees
Zip	Country	Zip	Cou	ritry		8.	This corporation owes the current		
24	[25]	[29]	30	1		1	Personal Property Tax	KI,	_
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent			
B8	IC CORPORATE SERVICES OF	CENTRAL FLORIDA		"	Manne.				
390 N. ORANGE AVE., STE. 1100				82 Street Addres			O Box Number is Not Acceptable	le)	
	RLANDO FL 32801								
1	2 1100 12 02001			83					
				84	City			la:	Zip Code
					,			F L	,
11. Pursual	nt to the provisions of Sections 607. r registered agent, or both, in the St	0502 and 607.1508, Florida Statu ale of Florida, Such chance was :	ites, the at	bove-i	named com	oratio	n submits this statement for the pu	urpose of chan	ging its registered
agent. I	am familiar with, and accept the ob	ligations of, Section 607.0505, File	orida State	ites.	е стрепы		oner or directors a necessy as cept to	ине аруханино	nt as registered
SIGNATUR	E								
	Signature, typed or printed name of registered	and the second s		Agents	grafac iz acz			GATE .	
12.	OFFICERS	AND DIRECTORS [] DELETE	13.	· ·			ADDITIONS/CHANGES TO OFFICE		
TITLE	·	[] DELETE	1 1 T) [{ 1'	Onange [Addition
NAME	OFO AL ODI ANDO ANE OTE DOO		12 NA	12 NAME					
STREET ADDRES		:. 320	13.51	REE I A	DORESS				
CITY-ST-ZIP	WINTER PARK FL 32789	F.1		14 CiTY+S1-ZiP					
TITLE	DVST	[DELETE	21717	_				×	Onange [1] Addition
NAME	BOBINCHUCK, ROBERT M		22 NA	ME		_			_
STREET ADDRES	•	181 0	2351	REFT AS	OORESS 9	8 5	AN JACINTO BUDD,	30112	710
CITY-ST-ZIP	AUSTIN TX 78701		2.4 Ci	17-5:-	Zii:				
	1 M / /	Man	_		1				

14. Thereby certify that the information supplied with this filling 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 five and accurate and that my signature shall have the same legal effect as if made under cath; 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 charges or on an aparament with an address, with all other like empowered.

3 3 STREET ADORESS

4.3 STREET ADDRESS

53 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY+ST-ZiF

4.4 Cit Y-S1-Z.P

34 CITY-ST-ZiP

4.1 Title

4 2 NAME

5.1 TITLE

61711118

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET DORESS

STREET ADORESS

CITY-ST-ZIP

PERRONE, PRESTON

WINTER PARK FL 32789

950 N. ORLANDO AVE., STE. 320

CITY-ST-ZIP

TITLE

NAME

CiTY-ST-

TITLE

NAME

TITLE

NAME

ASHTAT NEST

[] DELETE

[] DELFTE

[| DELETE

4/23/97

FILED

98 APR 27 PH 4: 02

SECRETARY OF STATE TALLARASSEE, FLORIDA

407-628-4544

900002859509---9

-04/30/99~-01145=-018

****158.75 [****158.755on

[] Change

[] Change

[| Addition

[] Addition