

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 # P98000004899

1. Corporation Name

CM TREASURE COAST PROPERTIES II, INC.

Principal Place of Business

8000 S. FEDERAL HWY. SUITE 301  
PORT ST LUCIE FL 34952

Mailing Address

8000 S. FEDERAL HWY. SUITE 301  
PORT ST LUCIE FL 34952

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90068 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1998

4. FEI Number

59-3490505

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 the current year intangible  
Personal Property Tax. ☐ 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 Country

28 Zip Country

9. Name and Address of Current Registered Agent

BELLANTONI, CARMEN  
2000 S E PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name  
Gallese, William F.

82 Street Address (P.O. Box Number is Not Acceptable)  
8000 S. Federal Hwy., #301

83

84 City  
Port St. Lucie

FL

85 Zip Code  
34952

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)

3-25-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BELLANTONI, CARMEN  
STREET ADDRESS 2000 S E PORT ST LUCIE BLVD  
CITY-ST-ZIP PORT ST LUCIE FL 34952

☒ DELETE

TITLE D  
NAME CHEELEY, MARK O  
STREET ADDRESS 2000 S E PORT ST LUCIE BLVD  
CITY-ST-ZIP PORT ST LUCIE FL 34952

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

DPT  
LEONARD P BOGOMAN JR  
8000 S FEDERAL HWY SUITE 301  
PORT ST LUCIE FL 34952

☒ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

DVS  
JOHN GRANT  
729 S FEDERAL HIGHWAY, SUITE 210  
STUART FL 34994

☒ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-99

Date

561-337-5566

Daytime Phone #

-CR2E034 (11/98)