## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

**DOCUMENT #** N15703 (4)

1. Corporation Name				
WTC II CONDOMINIUM ASSOCIATION, INC.				
1				
Principal Plac	e of Business	Mailing Address		T TEATINGS AND TITED STATE TOURS DELICAL CONTROL OF STATE
4800 AIRPORT RD 4800 AIRPORT RD				3. Date Incorporated or Qualified
NAPLES FL 33963		NAPLES FL 33963		07/02/1986
US		US		4. FEI Number Applied For
<u> </u>				<b>59-276 1088</b> Not Applicable
2. Principal P	lace of Business	2a. Mailing Address		© \$9.75 Additional
21		26		5. Certificate of Status Desired
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & State		City & State		Trust Fund Contribution Added to Fees
23		28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren		1	10. Name and Address of New Registered Agent
			81 Name	9
GRANT,RICHARD C.			82 Stree	t Address (P.O. Box Number Is Not Acceptable)
5551 RIDGEWOOD DRIVE, SUITE 501				
SUITE 1			83	
NAPLES	FL 33963		84 City	85 Zip Code
<u></u>				<b>[L]</b>
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 a	m familiar with, and accept the obliga	ations of, Section 617.0503, Flo	orida Statutes.	, , , , , , , , , , , , , , , , , , , ,
SIGNATURE	Signature, typed or printed name of registered age	at and title if an example AIOT	E. Danisland Annat stonet	re required when reinstating) DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD	DELETE	1.1 TIFLE	Change Addition
NAME	CHAN, MA. VICTORIA A.		1.2 NAME	
STREET ADDRESS	4800 AIRPORT ROAD NORTH	İ	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	
TITLE	VD	<b>□X</b> DELETE	2.1 TITLE	VICE PRESIDENT/Director Change Addition
NAME	rost, george		2.2 NAME	JOSEPH FOSTER
STREET ADORESS	CLEARWATER, FL.		2.3 STREET ADDRESS	4800 Airport Road
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-ST-ZIP	Naples, FL 34105
TITLE	DPT	DELETE	3.1 TITLE	PRESIDENT/DIRECTOR XX Change Addition
NAME	CUUNJIENG, WILLIAM		3.2 NAME	JAMES B. FOSTER
STREET ADDRESS	4800 AIRPORT RD. NOR.		3.3 STREET ADDRESS	4800 Airport Road
CITY-ST-ZIP	NAPLES FL	DELETE	3.4. CITY-ST-ZIP	Naples, FL 34105 Change Addition
TITLE		☐ nerese	4.1 TITLE	Li change . Li Audilloii )
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS	<u> </u>
i i			4.4 CITY-ST-ZIP	` <b> </b>
CITY+ST+ZIP TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	.]
CITY-ST-ZIP			5.4 CITY-ST-ZIP	]
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	.
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
	ertify that the information supplied wi	th this filing does not qualify fo		ted 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an appears.

SIGNATURE:

**FILED** 

Apr 13 1998 8:00am

Secretary of State