

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90293 027 \*\*\*\*61.25

**DOCUMENT # N15703**

1. Entity Name

**WTC II CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4800 AIRPORT RD  
 NAPLES FL 33963  
 US

4800 AIRPORT RD  
 NAPLES FL 33963  
 US

00013074



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2761088**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRANT, RICHARD C.**  
**5551 RIDGEWOOD DRIVE, SUITE 501**  
**SUITE 101**  
**NAPLES FL 33963**

Name  
**JAMES B. FOSTER**

Street Address (P.O. Box Number is Not Acceptable)  
**4800 AIRPORT RD.**

City  
**NAPLES, FL** Zip Code  
**34105**

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.

SIGNATURE *James B. Foster*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-26-01*

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

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME **SD CHAN, MA. VICTORIA A.**  Delete  
 STREET ADDRESS **4800 AIRPORT ROAD NORTH**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **VPD FOSTER, JOSEPH**  Delete  
 STREET ADDRESS **4800 AIRPORT ROAD**  
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE  
 NAME **VPD FOSTER, JAMES B.**  Change  Addition  
 STREET ADDRESS **4800 AIRPORT RD.**  
 CITY-ST-ZIP **NAPLES, FL 34105**

TITLE  
 NAME **PD FOSTER, JAMES B**  Delete  
 STREET ADDRESS **4800 AIRPORT ROAD**  
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE  
 NAME **PD CRAMPTON, JOAN**  Change  Addition  
 STREET ADDRESS **4800 AIRPORT RD**  
 CITY-ST-ZIP **NAPLES, FL 34105**

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 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 supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE: MA VICTORIA A. CHAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/25/01*

*(941) 263-5095*

Date

Daytime Phone #

CR2E037 (10/00)