

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90097 026 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2761088

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, JAMES
4800 AIRPORT ROAD
NAPLES FL 34105

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **JAMES B FOSTER** **4-16-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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

TITLE: **VPD** Change Addition
 NAME: **HAROLD HARDER**
 STREET ADDRESS: **4800 AIRPORT RD**
 CITY-ST-ZIP: **NAPLES, FL 34105**

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

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **PD** Delete
 NAME: **CRAMPTON, JOAN**
 STREET ADDRESS: **4800 AIRPORT ROAD**
 CITY-ST-ZIP: **NAPLES FL 34105**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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:

MAS VICTORIA A. CHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

Date

(941) 263-5095

Daytime Phone #

CR2E037 (9/01)

00488965