

2004 NO-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07861

1. Entity Name
WILSHIRE ISLES CONDOMINIUM ASSOCIATION, INC.



FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90048 017 ****61.25

Principal Place of Business
% JAMES STOCKMAN
208 LEWIS CIR 3B
PUNTA GORDA, FL 33950

Mailing Address
% JAMES STOCKMAN
208 LEWIS CIR 3B
PUNTA GORDA, FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2682012

Applied For

Not Applicable

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

STOCKMAN, JAMES
208 LEWIS CIR 3B
PUNTA GORDA, FL 33950

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BELK, JAMES	
STREET ADDRESS	208 LEWIS CIRCLE	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DORRER, ROSS	
STREET ADDRESS	3502 BILMAR BLVD.	
CITY-ST-ZIP	NEPTUNE, NJ 07753	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STOCKMAN, JAMES	
STREET ADDRESS	208 LEWIS DR, 3-B	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN DORRER	
STREET ADDRESS	3502 BILMAR BLVD.	
CITY-ST-ZIP	NEPTUNE, NJ 07753	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES BELK	
STREET ADDRESS	208 LEWIS CIRCLE 6B	
CITY-ST-ZIP	PUNTA GORDA FL. 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

James Stockman JAMES STOCKMAN

1-5-04 941-639-9093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #