2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

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4-23-07

239-936-3336

FILED Apr 30, 2007 08:00 AN Secretary of State DOCUMENT # N15857 1. Entity Name WORLD PLAZA OFFICE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address P. O. BOX 07307 7370 COLLEGE PARKWAY STE. 210 FT MYERS FL 33919 FT. MYERS FL 33907 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 59-2742173 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TERMOTTO, ROBERT J. Street Address (P.O. Box Number is Not Acceptable) 7370 COLLÈGE PARKWAY SE. 210 FORT MYERS FL 33907 Zip Code City 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 DATE (NOTE: Registered Agent signature required when rematating) Signature, typed or printed hame of registered agent and title if applicable FILE NOW: FEE IS \$61.25 Make Check Payable to Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE Delete THE NAM NAME BURKARD, STEPHAN U00000748201 STREET ADDRESS STREET ADDRESS 12535 NEW BRITTANY BLVD 05/17/07-80056-011 61.25 CITY+ST-ZIP CITY-ST-ZIP FORT MYERS FL 33907 Change ☐ Addition THILE Delete TITLE TERMOTTO, ROBERT J. NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 07307 CITY-ST-7IP CITY-ST-ZIP FORT MYERS FL 33919 Change ☐ Addition ИЩ PD Delete THILL NAME NAMI. HYNDEN, SHERRI STREET ADDRESS STREET ADORESS 12629 NEW BRITTANY BLVD. CHY-ST-ZIP CHY-SI-7IP FORT MYERS FL 33907 ☐ Addition TITLE ☐ Change ☐ Defete THE NAME. NAME BUSTELO, LUIS F. STREET ADDRESS STREET ADDRESS PO BOX 07307 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 Delete TITLE ☐ Change ☐ Addition ШП NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP □ Change Addition Defete 11111 1010 NAMI NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP with this filing does not qualify for the exemptions contained in Soction 119, Florida Statutes. I further cortify that the information or is fue and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director by wered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 12. I hereby certify that the information supp