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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

ANNUAL REPOR
1996

DOCUMENT #

N23773

(7)

WORLD PLAZA OFFICE CONDOMINIUM ASSOCIATION II, I

Principal Plac	e of Business	Mailing Address			- I IDDALLION BAR ILORE HANN HEDAN HORRE		
210 Fort Myer	ege parkwy RS FL 33907	PO BOX 07307 FT MYERS FL 33919 US					
US					 Date Incorporated or Qualified 12/08/1987 	3a. Date of La 04/12	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.			65-0023604		Not Applicab
22		27			5. Certificate of Status Desired		5 Additional e Required
City & State	te	City & State			6. Election Campaign Financing	\$5	00 May Be
Zip	Country	Zip	Country		Trust Fund Contribution	Add	ied to Fees
4	25	29	30		This corporation has liability for int Florida Statutes	tangible tax under. Yes 🔲 No	s. 199,032,
	9. Name and Address of	Current Registered Agent			10. Name and Address of New Reg	gistered Agent	
TERMO1	TTO, ROBERT J.		81	Name			
	OLLEGE PARKWAY		82	Street Add	fress (P.O. Box Number is Not Acceptable))	
STE 210	0		83				
FORT M	IYERS FL 33907		84	City			
11 Discount	to the		1 1	•	ration submits this statement for the purpo		Zip Code
ramiliar wit	red agent, or both, in the State ith, and accept the obligations	on education of ricodo, Florida Statutes.					
ramiliar wit SIGNATURE	Signature, typed or printed name of regist	ered agent and site if applicable (NOT	E: Registered Agent		id when reinstating)	DATÉ	
ramiliar with SIGNATURE _	Signature, typed or printed name of regist	ered agent and title if applicable (NOT	F Registered Agent			ERS AND DIRECT	
ramiliar with SIGNATURE	Signature, typed or printed name of regist OFFICE VSTD TERMOTTO, ROBERT	ered agent and stell applicable (NOT ERS AND DIRECTORS DELETE J.	E: Registered Agent		id when reinstating)		
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ramiliar with signature. 112. ITTLE VAME STREET ADDRESS CITY-ST-ZIF	Signature, typed or printed name of regist OFFICE VSTD TERMOTTO, ROBERT V 7370 COLLEGE PARKY FORT MYERS FL	ered agent and the if applicable (NOT ERS AND DIRECTORS DELETE J. WAY,SUITE 210	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST	signature require	id when reinstating)	ERS AND DIRECT	ORS IN 12 Addition
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SIGNATURE:

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4-19-96 9

941-936-3336 Daytinte Phone #