


FILE NOW: FILING FEE IS \$61.25

FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23773 (7)
1. Corporation Name
WORLD PLAZA OFFICE CONDOMINIUM ASSOCIATION II, I NC.

Principal Place of Business 7370 COLLEGE PARKWAY 210 FORT MYERS FL 33907 US	Mailing Address PO BOX 07307 FT MYERS FL 33919 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 12/08/1987	4. FEI Number 65-0023604	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**TERMOTTO, ROBERT J.
7370 COLLEGE PARKWAY
STE 210
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE 2 VSTD	NAME TERMOTTO, ROBERT J.	1.1 TITLE VST	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7370 COLLEGE PARKWAY, SUITE 210	CITY-ST-ZIP FORT MYERS FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE PD	NAME SHEA, JACK E.	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS P.O. BOX 07307 N/A	CITY-ST-ZIP FORT MYERS FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE PD	NAME WALKER, HARRY W.	3.1 TITLE PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS PO BOX 07307 NA	CITY-ST-ZIP FORT MYERS FL	3.2 NAME Walker, Harry W. NA	
		3.3 STREET ADDRESS P.O. BOX 07307 NA	
		3.4 CITY-ST-ZIP FORT MYERS, FL	
TITLE AS	NAME WALKER, HARRY, W	4.1 TITLE D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS PO BOX 07307 NA	CITY-ST-ZIP FORT MYERS FL	4.2 NAME WALKER, WOBSTER NA	
		4.3 STREET ADDRESS P.O. Box 07307 NA	
		4.4 CITY-ST-ZIP FORT MYERS, FL. 33919	
TITLE DE	NAME JAMES THOMAS	5.1 TITLE D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS P.O. BOX 07307 NA	CITY-ST-ZIP FORT MYERS, FL. 33919	5.2 NAME JAMES THOMAS NA	
		5.3 STREET ADDRESS P.O. BOX 07307 NA	
		5.4 CITY-ST-ZIP FORT MYERS, FL. 33919	
TITLE DE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 4-17-98 (941) 936-3336

CR2E037 (10/97)