

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90009 042 \*\*\*\*61.25

**DOCUMENT # N23773**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/08/1987

4. FEI Number

65-0023604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VST ☐ DELETE  
NAME TERMOTTO, ROBERT J.  
STREET ADDRESS 7370 COLLEGE PARKWAY, SUITE 210  
CITY-ST-ZIP FORT MYERS FL

TITLE D ☐ DELETE  
NAME THOMAS, JAMES  
STREET ADDRESS P. O. BOX 07307 N/A  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE PD ☐ DELETE  
NAME WALKER, HARRY W.  
STREET ADDRESS PO BOX 07307 NA  
CITY-ST-ZIP FORT MYERS FL

TITLE D ☐ DELETE  
NAME WALKER, WEBSTER  
STREET ADDRESS P. O. BOX 07207 N/A  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VST ☒ Change ☐ Addition  
1.2 NAME TERMOTTO, ROBERT J  
1.3 STREET ADDRESS P.O. BOX 07307  
1.4 CITY-ST-ZIP FT MYERS FL 33919

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME WALKER, WEBSTER  
4.3 STREET ADDRESS P.O. BOX 07307  
4.4 CITY-ST-ZIP FT MYERS FL 33919

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
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, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4-29-99

Date

941-936-3336

Daytime Phone #

CR2E037 (11/98)