SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE; \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29400

(1)

WILSHIRE WALK II COMMERCIAL CONDOMINIUM ASSOCIAT ION, INC. Principal Place of Business Mailing Address 195 BAYSHORE CT. 195 BAYSHORE CT. P.O. BOX 879 PUNTA GORDA FL 33950 P.O. BOX 879 **PUNTA GORDA FL 33950** DO NOT WRITE IN THIS SPACE 3. Date Incorporated 11/22/1988 or Qualified 3a. Date of Last Report 05/23/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes Yes ☐ No Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B**1 ERMER, WILLIAM F. S 82 195 BAYSHORE CT. **PUNTA GORDA FL 33951** 83 84 11. Pursuant to the provisions of Sections 617,0502 and 617,150 the above-nam this statement for the purpose of changing its registered office or registered agent or noth in the State of Fie agent. I am familiar with and accept the obligations Such change was a orized by the oration's board of directors. I hereby accept the appointment as registered orida Statutes SIGNATURE (gnitation reinstating) OFFICERS AND DIRECTORS 12. 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change Addition ONUSHCO, DEBORAH A NAME 1.2 NAME 3001 BAMBOO CT. STREET ADDRESS 1.3 STREET ADDRESS PUNTA GORDA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE Change Addition ROWAN, BERNARD E 2.2 NAME 425 CROSS ST.UNIT 216 STREET ADDRESS 2.3 STREET ADDRESS **PUNTA GORDA FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP TD TITLE DELETE 3.1 TITLE ☐ Change ☐ Addition ERMER, WILLIAM F SR NAME 3.2 NAME 195 BAYSHORE CT POBOX879 STREET ADDRESS 3.3 STREET ADDRESS **PUNTA GORDA FL** CITY-ST-ZIF 3.4. CITY - ST - ZIP TITLE ☐ DELETE Change 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 acculate 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 trust the empowerer to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 inclaimed by man attachment this an address.

6.4 CITY - ST - ZIP

010114-110-

CITY-ST-ZIP

1102 107

FILED

Jul 28 1997 8:00am

Secretary of State