FILED

Secretary of State

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary 81 State 7 **DIVISION OF CORPORATIONS**

DOCUMENT # N29400

(1)

t. Corporation Name					
WILSHIRE WALK II COMMERCIAL CONDOMINIUM ASSOCIAT ION, INC.					
Principal Place of Business Mailing Address					
195 BAYSHOL P.O. BOX 878		195 BAYSHORE CT. P.O. BOX 879		3. Date Incorporated or Qualified 11/22/1988	
PUNTA GORD	DA FL 33950	PUNTA GORDA FL 33950		4. FEI Number Applied For	
		•		65-0034348 Not Applicable	le
2. Principal Place of Business 2a. Mailing Address				5. Certificate of Status Desired \$8.75 Additional	
Suite, Apt	5 CROSS ST,	26 425 CROS Sulte, Apt. #, etc.	22 21,	Fee Regulred	
22 5		27 Suite &	313	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State City & State				7. Is this nonprofit corporation a homeowners association?	
			DRDA, FL	Yes MNo	<u></u>
24°33	950 25 USA	29 33950 3	Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No)
	9. Name and Address of Current			10. Name and Address of New Registered Agent	-\$_
81 Name DE				DEBORAH A. ONUSHCO	
ERMER, WILLIAM F SR				Address (P.O. Box Number is Not Acceptable)	
P O BOX 510879			83	425 CROSS STREET	
DINTA CODDA EL 22054				uite 213	
L			84 City P	UNTA GORDA. FL 85 33950	
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 farfiliar 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 DATE					
12.	OFFICERS AND	·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	Change Addition	n
NAME	ONUSHCO, DEBORAH A		1.2 NAME	HAE ARACE STREET SHITE AND	
STREET ADDRESS CITY-ST-ZIP	3001 BAMBOO CT. PUNTA GORDA FL		1.3 STREET ADDRESS	4a5 CROSS STREET, SLITE a13	
TITLE	SD	DELETE	2.1 TITLE	Change Addition	
NAME	ROWAN, BERNARD E		2.2 NAME	onlinge Address	"
STREET ADDRESS			2.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	PLINTA GORDA FL		2.4 CITY-ST-ZIP		
TITLE	ΤΟ	DELETE	3.1 TITLE	Change Addition	Ü
NAME	ERMER, WILLIAM F SR		3.2 NAME	10-10-10-10-10-10-10-10-10-10-10-10-10-1	
STREET ADDRESS	THE DITIONAL OF LABOURE P	510879		195 BAYSHORE CT. P.O. Bal 510879	
CITY-ST-ZIP TITLE	PUNTA GORDA FL		3.4 CITY-ST-ZIP 4.1 TITLE		-
NAME		DELETE	4.2 NAME	Change Addition	n
STREET ADDRESS	(4.3 STREET ADDRESS		
CITY-ST-ZIP	}		4.4 City-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	ᅱ
NAME		C Attric	5.2 NAME		"
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	<u></u>
NAME		·	6.2 NAME	· = · • • • • • • • • • • • • • • • • •	
STREET ADDRESS	1	,	6.3 STREET ADDRESS		ļ
CITY-ST-ZIP	l .		64 CITY-ST-ZIP		- 1

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 AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

941-637-855/ Daytime Phone #