

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N29400****1. Entity Name**
WILSHIRE WALK II COMMERCIAL CONDOMINIUM ASSOCIATION, I
NC.**Principal Place of Business**
425 CROSS ST
SUITE 213
PUNTA GORDA FL 33950 US**Mailing Address**
425 CROSS ST
SUITE 213
PUNTA GORDA FL 33950 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0034348Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**ONUSHCO DEBORAH A
425 CROSS STREET
SUITE 213
PUNTA GORDA FL 33950 US

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.**SIGNATURE** **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10****TITLE** **TD** ☐ Delete
NAME **ERMER WILLIAM FSR**
STREET ADDRESS **195 BAYSHORE CT P.O. BOX 510879**
CITY-ST-ZIP **PUNTA GORDA FL****TITLE** **D** ☒ Change ☐ Addition
NAME **BEERMAN DIETER**
STREET ADDRESS **425 CROSS STREET, SUITE 215**
CITY-ST-ZIP **PUNTA GORDA FL****TITLE** **SD** ☐ Delete
NAME **ROWAN BERNARD E**
STREET ADDRESS **425 CROSS ST. UNIT 216**
CITY-ST-ZIP **PUNTA GORDA FL****TITLE** **SD** ☒ Change ☐ Addition
NAME **ROWAN BERNARD E**
STREET ADDRESS **425 CROSS STREET, SUITE 216**
CITY-ST-ZIP **PUNTA GORDA FL****TITLE** **PD** ☐ Delete
NAME **ONUSHCO DEBORAH A**
STREET ADDRESS **425 CROSS STREET, SUITE 213**
CITY-ST-ZIP **PUNTA GORDA FL****TITLE** **PT** ☒ Change ☐ Addition
NAME **ONUSHCO DEBORAH A**
STREET ADDRESS **425 CROSS STREET, SUITE 213**
CITY-ST-ZIP **PUNTA GORDA FL****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** **Deborah A. Onushco** **PT** **04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)