

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N29400

1. Entity Name
**WILSHIRE WALK II COMMERCIAL CONDOMINIUM
ASSOCIATION, INC.**



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**



03182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0034348

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ONUSHCO, DEBORAH A
425 CROSS STREET
SUITE 213
PUNTA GORDA, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1000000037311
03/26/04-80033-019 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
ONUSHCO, DEBORAH A
425 CROSS STREET, SUITE 213
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
ROWAN, BERNARD E
425 CROSS STREET, SUITE 216
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BEERMAN, DIETER
425 CROSS STREET, SUITE 215
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ONUSHCO, MICHAEL E
425 CROSS STREET, SUITE 213
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-04

Date

941-637-8551

Daytime Phone #

DEBORAH A. ONUSHCO