2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N29400

Entity Name: WILSHIRE WALK II COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

425 CROSS ST
SUITE 213
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

425 CROSS ST
SUITE 213
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 65-0034348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: ONUSHCO, DEBORAH A
Address: 425 CROSS STREET, SUITE 213
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD ( ) Delete
Name: ROWAN, BERNARD E
Address: 425 CROSS STREET, SUITE 216
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete
Name: BEERMAN, DIETER
Address: 425 CROSS STREET, SUITE 215
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete
Name: ONUSHCO, MICHAEL E
Address: 425 CROSS STREET, SUITE 213
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH A. ONUSHCO PT 04/13/2009

Electronic Signature of Signing Officer or Director — Date