2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 21, 2005 8:00 am **Secretary of State** DOCUMENT # N45716 03-21-2005 90100 037 ****61.25 WORLD PLAZA II (SECTION 3) CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 12651 WORLD PLAZA LANE 12651 WORLD PLAZA LANE **DUUZ8464** FT MYERS, FL 33907 FT MYERS, FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03142005 Chg-NP CR2E037 (10/03) City & State Applied For City & State 4. FEI Number 65-0311904 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAUGEN, HERMAN Street Address (P.O. Box Number is Not Acceptable) 12651 WORLD PLAZA LANE FT MYERS, FL 33907 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS 10. 11. VPD TITLE Delete TITL F SOLDINEER, DEAN NAME NAME STREET ADDRESS 12651 WORLD PLAZA LN STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33907 CITY-ST-ZIP 3517 Delete ☐ Addition TITSE TITLE Change . NAME GERRY, ROBERT NAME STREET ADDRESS 12651 WORLD PLAZA LN STREET ADDRESS FT MYERS, FL 33907 CITY-ST-ZIP CITY-ST-ZIP 3907 SD TITLE Delete TITLE Change Addition SUMMERS, ROBER NAME NAME STREET ADDRESS 12651 WORLD PLAZA LN STREET ADDRESS CITY-ST-ZIP FT MYERS, FL: 33907 CITY-ST-ZIP TITLE TITLE Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change

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 shapter 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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Addition

FILED