2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 21, 2005 8:00 am Secretary of State DOCUMENT # N46482 03-21-2005 90100 038 ****61.25 WORLD PLAZA II (SECTION 2) CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 12651 WORLD PLAZA LANE 12651 WORLD PLAZA LANE 50028463 FT MYERS, FL 33907 FT MYERS, FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142005 CR2E037 (10/03) Chg-NP 4. FEI Number 65-0311901 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAUGEN, HERMAN 12651 WORLD PLAZA LANE Street Address (P.O. Box Number is Not Acceptable) 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 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE MEYERSON, ANDREW NAME NAME STREET ADDRESS 12651 WORLD PLAZA LN STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33907 CITY-ST-ZIP TITLE VPD TITLE Delete KULHAN, TED NAME NAME STREET ADDRESS 12500 WORLD PLAZA LANE, #1 STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33907 CITY-ST-ZIP 33907 STD TITLE Delete TITLE Addition NAME GOLDMAN, LARRY NAME STREET ADDRESS 12651 WORLD PLAZA LN STREET ADDRESS FORT MYERS, FL 33907 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i). Florida Statutes. I further certify that the information indicated on this report of 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 feceiver 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 attagment with an address, with all other like empowered.

FILED