SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON O<del>R AFTER S</del>EPTEMBER 15, 1999. OUNT DUE ON OR BEFORE 09/15/99: \$61,25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236,25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harrie

Secretary of State DIVISION OF CORPORATIONS

Country

81 Name

84 City

13.

1.1 TITLE

1.2 NAME

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE 4, 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

54 CITY-ST-ZIP

2.4 CITY-ST-ZIP

14 CITY-ST-ZIP

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1999 CUMENT # N9800003385

/ILLOUGHBY BUILDING #1 COMMERCIAL CONDOMINIUM AS OCIATION, INC.

27

oal Place of Business ANDALUSIA BOULEVARD E CORAL FL 33909

ncipal Place of Business

Country

9. Name and Address of Current Registered Agent

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

WILLOUGHBY, TIMOTHY B

1130 S.E. 21ST TERRACE

CAPE CORAL FL 33990

300 N.E. 31ST STREET

CAPE CORAL FL 33909

WILLOUGHBY, PAMELA W

1130 S.E. 21ST TERRACE

CAPE CORAL FL 33990

RAMSEY, BRUCE

OFFICERS AND DIRECTORS

" D "

" D#

25

108 ANDALUSIA BOULEVARD APE CORAL FL 33909

ite. Apt. #. etc.

amsey, Bruce

y & State

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Mailing Address

2a. Mailing Address

City & State

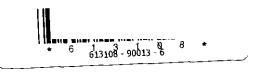
Zip

Suite, Apt. #, etc.

2408 ANDALUSIA BOULEVARD CAPE CORAL FL 33909

FILED Mar 23, 1999 8:00 am **Secretary of State** 

03-23-1999 90029 009 \*\*\*\*70.00



3/23/99 90029 009 \$70,00 06/10/1998 Applied For 4. FEI Number 65-0849865 Not Applicable 1 \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code ursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered fifice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered gent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Addition Change ☐ Addition Change ☐ Addition Change ☐ Addition ☐ Addition

bereby 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 dicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an afficer 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 lock 12 or Block 13 if changed, of on an attachment with an address, with all other like empowered.

NATURE:

DEVINED

Change

☐ Addition

(2/3)

**CR2E037**