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**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90197 029 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N27865**

1. Corporation Name  
**TRADE CENTER OF NAPLES OWNERS ASSOCIATION, INC.**

Principal Place of Business 40 SEAGATE DRIVE NAPLES FL 34103 US	Mailing Address PO BOX 413005 STE 221 NAPLES FL 34101 US
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2. Principal Place of Business <b>20 THE CONTINENTAL GROUP</b> Suite, Apt. #, etc. <b>2291 JTC BOULEVARD</b> City & State <b>NAPLES FL</b> Zip <b>34109</b>	2a. Mailing Address <b>20 THE CONTINENTAL GROUP</b> Suite, Apt. #, etc. <b>2291 JTC BOULEVARD</b> City & State <b>NAPLES FL</b> Zip <b>34109</b>	3. Date Incorporated or Qualified <b>08/12/1988</b>	4. FEI Number <b>65-0032456</b>	Applied For <input type="checkbox"/> Not Applicable
23. City & State <b>NAPLES FL</b>	28. City & State <b>NAPLES FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip <b>34109</b>	25. Country <b>COLLIER</b>	29. Zip <b>34109</b>	30. Country <b>COLLIER</b>	

9. Name and Address of Current Registered Agent SAMOUCÉ, ROBERT 2375 TAMAIMI TRAIL NORTH #308 NAPLES FL 34103	10. Name and Address of New Registered Agent 81 Name <b>BRADY, SCOTT</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>20 THE CONTINENTAL GROUP LTD.</b> 83 <b>2291 JTC BOULEVARD</b> 84 City <b>NAPLES</b>	85 State <b>FL</b>	86 Zip <b>34109</b>
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11. Pursuant 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 office 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Scott N Brady DATE: 4-13-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PISTNER, STEPHEN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10 SEAGATE DRIVE., #PHI NORTH	1.2 NAME	
STREET ADDRESS	NAPLES FL 34103	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BUTLER, GARY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2223 TRADE CENTER WAY	2.2 NAME	
STREET ADDRESS	NAPLES FL 34109	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D DESHIELDS, C S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2385 TRADE CENTER WAY	3.2 NAME	
STREET ADDRESS	NAPLES FL 34109	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SHIRGHIO, NICHOLAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2167 PINWOODS CIRCLE	4.2 NAME	
STREET ADDRESS	NAPLES FL 34105	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TDSD BRADY, PHIL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2151 TRADE CENTER WAY	5.2 NAME	
STREET ADDRESS	NAPLES FL 34109	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT N BRADY DATE: 4-13-99 DAYTIME PHONE #: 941-597-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)