

2000 UNIFORM BUSINESS REPORT (UBR)

68

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90106 018 ****61.25

DOCUMENT # N 27865
 1. Entity Name TRADE CENTER of Naples Owners Association, Inc.

Principal Place of Business New Mailing Address
PMB 211 PMB 211
Box 413005 Box 413005
Naples, FL 34101 Naples, FL 34101-3005

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number 05-0032456 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name Brett Cohan
 Street Address (P.O. Box Number is Not Acceptable) 40 Seagate Dr. #101
 City Naples FL Zip Code 34103

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.

SIGNATURE [Signature] DATE 5-8-00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	<u>PP</u>	<input type="checkbox"/> Delete
NAME	<u>Stephen Pistner</u>	
STREET ADDRESS	<u>15 Seagate Drive #PH1-N</u>	
CITY-ST-ZIP	<u>Naples, FL 34103</u>	
TITLE	<u>VP</u>	<input type="checkbox"/> Delete
NAME	<u>Gary Butler</u>	
STREET ADDRESS	<u>2823 Trade Center Way</u>	
CITY-ST-ZIP	<u>Naples, FL 34109</u>	
TITLE	<u>D</u>	<input type="checkbox"/> Delete
NAME	<u>C.S. Deshields</u>	
STREET ADDRESS	<u>2385 Trade Center Way</u>	
CITY-ST-ZIP	<u>Naples, FL 34109</u>	
TITLE	<u>PP</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>Nicholas Shirghio</u>	
STREET ADDRESS	<u>2167 Pinewoods Cir.</u>	
CITY-ST-ZIP	<u>Naples, FL 34105</u>	
TITLE	<u>PPSD</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>Phil Brady</u>	
STREET ADDRESS	<u>2151 Trade Center Way</u>	
CITY-ST-ZIP	<u>Naples, FL 34109</u>	
TITLE	<u>[Signature]</u>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<u>D</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Pat Vlashe</u>	
STREET ADDRESS	<u>10525 Valen Way #305</u>	
CITY-ST-ZIP	<u>Naples, FL 34108</u>	
TITLE	<u>D</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Michael Williams</u>	
STREET ADDRESS	<u>334 Pirates Bight</u>	
CITY-ST-ZIP	<u>Naples, FL 34103</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address with all other officers empowered.

SIGNATURE [Signature] DATE 4-10-00 Daytime Phone # 941-263-6005
 Signature and typed or printed name of signing officer or director

CR2E037 (9/99)