

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27865

**FILED**  
**Mar 27, 2014**  
**Secretary of State**  
**CC2410311763**

**Entity Name:** TRADE CENTER OF NAPLES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4100 CORP SQ #172  
NAPLES, FL 34104

**Current Mailing Address:**

C/O JULIANA KIERSTEIN  
4100 CORP SQ #172  
NAPLES, FL 34104 US

**FEI Number:** 65-0032456

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRADY, SCOTT  
6970 DANIELS ROAD  
NAPLES, FL 34103 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DV  
Name DOANE, JAMES  
Address 2234 TRADE CENTER WAY  
City-State-Zip: NAPLES FL 34109

Title D  
Name BUTLER, GARY  
Address 2223 TRADE CENTER WAY  
City-State-Zip: NAPLES FL 34109

Title D  
Name DESHIELDS, C S  
Address 2385 TRADE CENTER WAY  
City-State-Zip: NAPLES FL 34109

Title D  
Name SADEZ, EMILIO  
Address 6001 TAYLOR ROAD  
City-State-Zip: NAPLES FL 34109

Title PD  
Name WILLIAMS, MICHAEL  
Address 536 TURTLE HATCH ROAD  
City-State-Zip: NAPLES FL 34103

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL WILLIAMS**

**PRESIDENT**

**03/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date