SIGNATURE	ULIANA M KIERSTEIN			04/05/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	DIRECTOR	
Name	DOANE, JAMES	Name	NOLTON, MATT	
Address	2234 TRADE CENTER WAY	Address	P.O. BOX 113040	
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34108	
Title	DIRECTOR	Title	VP	
Name	DESHIELDS, C S	Name	SADEZ, EMILIO	
Address	2385 TRADE CENTER WAY	Address	6001 TAYLOR ROAD	
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109	
Title	SECRETARY, TREASURER			
Name	WILLIAMS, MICHAEL			
Address	536 TURTLE HATCH ROAD			
City-State-Zip:	NAPLES FL 34103			

NAPLES, FL 34104 US FEI Number: 59-2988607

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Name and Address of Current Registered Agent:

JULIANA M KIERSTEIN, PA 4100 CORPORATE SQUARE # 172 NAPLES, FL 34104 US

DOCUMENT# N27865

Current Mailing Address: C/O JULIANA KIERSTEIN 4100 CORP SQ #172

4100 CORP SQ #172 NAPLES. FL 34104

Current Principal Place of Business:

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 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: JAMES DOANE

PRESIDENT

04/05/2019

Electronic Signature of Signing Officer/Director Detail

FILED Apr 05, 2019 Secretary of State 2218117947CC

Certificate of Status Desired: No

Date