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 Name	SECRETARY, TREASURER WILLIAMS, MICHAEL		
Address	536 TURTLE HATCH ROAD		
City-State-Zip:			

C/O JULIANA KIERSTEIN 4100 CORP SQ #172

Current Mailing Address:

Current Principal Place of Business:

DOCUMENT# N27865

4100 CORP SQ #172 NAPLES. FL 34104

FEI Number: 59-2988607

NAPLES, FL 34104 US

Name and Address of Current Registered Agent:

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

Officer/Director Detail :

SIGNATURE: JULIANA M KIERSTEIN

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.

Electronic Signature of Registered Agent

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

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

04/09/2018

04/09/2018 Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 09, 2018 Secretary of State CC0981850479

Certificate of Status Desired: No

Date