2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 JUN 27 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760112

1 Entity Name
CHARLOTTE TRADE CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1225 TAMIAMI TRAIL UNIT A-1 PORT CHARLOTTE, FL 33953 US	1225 TAMIAMI TRAIL UNIT A-1 PORT CHARLOTTE, FL 33953 US

DO NOT WRITE IN THIS SPACE

04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2473472

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANSEN, EDWIN M
1225 TAMIAMI TR, A-1
PORT CHARLOTTE, FL 33953

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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. I am familiar with, and accept the obligations of registered agent.

400132310104
07/07/08--01015--009 **61.25

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HANSEN, EDWIN M
STREET ADDRESS	1225 TAMIAMI TRAIL, A-1
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	ST
NAME	WHALEY, KIPP
STREET ADDRESS	1225 TAMIAMI TRAIL B-20
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	V
NAME	VALENTI, VINCENT
STREET ADDRESS	1225 TAMIAMI TR A-2
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

RECEIVED

SIGNATURE Edwin M. Hansen EDWIN M. HANSEN 4/7/08 941-627-9899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR[redacted] Date Daytime Phone #

RECEIVED
JUN 17 2008
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