2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002696

1. Entity Name
THE TRADE CENTER CONDOMINIUM ASSOCIATION, INC.

FILED
Jul 18, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
5651 HALIFAX AVE #5 FORT MYERS, FL 33912 US	5651 HALIFAX AVENUE #5 FT. MYERS, FL 33912

07102008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3650481
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROGERO, GLYNNIS M
5651 HALIFAX AVENUE
SUITE 5
FT. MYERS, FL 33912

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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.

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

Filing Fee is $61.25
Due by September 12, 2008

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

U00000955582
07/18/08-80003-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	ROGERO, RICHARD A
STREET ADDRESS	16544 TIMBERLAKES DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	VD
NAME	GRANT, WILLIAM C
STREET ADDRESS	5651 HALIFAX AVENUE, SUITE 6
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	TD
NAME	ROGERO, GLYNNIS M
STREET ADDRESS	16544 TIMBERLAKES DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33908
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.

SIGNATURE: Glynnis M. Rogero Glynnis M. Rogero 7/10/08 239-561-3333
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #