

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000001911	
1. Entity Name COLLEGE TRADE CENTER CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 8801 COLLEGE PARKWAY SUITE 1 FORT MYERS, FL 33919	Mailing Address 12811 KENWOOD LANE USITE 115 FORT MYERS, FL 33907 US



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0487048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent D'ALESSANDRO, FRANK R 13131 UNIVERSITY DR FORT MYERS, FL 33907	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and this if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAPLAN, JAN 8801 COLLEGE PARKWAY, STE 4 FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NASH, BRAD 8801 COLLEGE PARKWAY, STE., 5 FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PETRYK, GEORGE S D.C 8801 COLLEGE PKWY #2 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/21/05-80061-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRAD NASH

Date

Daytime Phone #

2/14/05 275-275 7799