


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90172 026 ****61.25

DOCUMENT # N94000001911 1. Entity Name COLLEGE TRADE CENTER CONDOMINIUM ASSOCIATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-NP CR2E037 (11/05)

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 7800 University Point
FORT MYERS, FL 33907 Circle #100

**DO NOT WRITE
IN THIS SPACE**

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 Frank D'Alessandro (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	
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: Brad Nash Brad Nash 2-20-06 239-2757799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #