


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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 SUITE 115 FORT MYERS, FL 33907 US
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**NASH, BRAD
8801 COLLEGE PARKWAY #5
FORT MYERS, FL 33919**

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

Filing Fee is \$81.25 Due by May 1, 2008	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
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03/06/08-80013-003 61.25

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IN THIS SPACE**

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 **2-22-08** **239-275-7799**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #