2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # N96000004538

1. Entity Name

TRADE EXECUTIVE CENTER CONDOMINIUM

FILED Mar 04, 2005 8:00 am Secretary of State 03-04-2005 90089 044 ****61.25

ASSOCIATION, INC.						
Principal Place of Business	Mailing Address					
1925 TRADE CENTER WAY NAPLES FL 34109 US	1925 TRADE CENTER WA NAPLES FL 34109 US			1811 - Enhi Belli Belli Aerh Eerh Eski fr		
2. Principal Place of Business	3. Mailing Address Tribe Erccut Suite, Apt. #, etc. 1925 Tribe Co	iv, Center C	السال برماء			
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1925 Trade Co	nterWey#2	1st MC	OORE CR2E037	(10/04)	
City & State	Neples, F	(5-0032456		pplied For ot Applicable
Zip Country	34109	Country	5. Certificate of St	alus Desired	8.75 Add Fee Require	
6. Name and Address of Curren	t Registered Agent	Name -	7. Name and Add	ress of New Registered A	gent 	
RIESS, ROBERT			(P.O. Box Number is I	Not Acceptable)		
1915 TRADE CENTER WAY NAPLES FL 34109		Sileet Address	(F.O. BOX Number 131	10t Acceptable)		
,		City		FL	Zip Code	e ·
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its reg	pistered office or registe	ered agent, or both, in	the State of Florida. I am fa	amiliar with,	and accept
SIGNATURE	pt and tills if applicable (NOTE Re	 gistered Agent signature require	ad whan rainstaling)	DATE		
	Section approach	giologica i goni digitata roquito	oc wientromonality,	a province of the second of th	29924.JZG	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees	Make Check Florida Depart		
10. OFFICERS AND D			ADDITIONS/CHANG	ES TO OFFICERS AND DIR		
ITILE D	☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS 1915 TRADE CENTER WAY CITY-ST-ZIP NAPLES FL 34109		STREET ADDRESS CITY-ST-ZIP				
TITLE DVPS	☐ Delete	TITLE	D		Change	Addition
NAME ARNONE, FRANK STREET ADDRESS 6839 MILL POND CIRCLE		NAME STREET ADDRESS				
STREET ADDRESS 6839 MILL POND CIRCLE OITY-ST-ZIP NAPLES FL 34109		CITY-ST-ZIP				
TITLE DPT	☐ Delete	TITLE			Change	Addition
NAME MARTIN, JOHN	,	NAME STREET APPORTS	9 Bentwo	od Dr.		
SIREET ADDRESS 1925 TRADE CENTER WAY CITY-ST-ZIP NAPLES FL 34109	1	1	Ma, 12/ 3			ļ
TITLE DS	☐ Delete	TITLE	, ,	1: 0	☐ Change	Addition
NAME STREET ADDRESS 1921 Trade Centr	wey	NAME				ļ
CITY-ST-ZIP North, F1. 34108		STREET ADDRESS CITY-ST-ZIP				
21/0	☐ Delete	TITLE			☐ Change	Addition
NAME CIFF Byrd Carter	Way	NAME				
TITLE NAME STREET ADDRESS CITY-ST-ZIP DV Byrd City Byrd Center Name 1919 Tride Center Name Name Name Name Name Name Name Name	′	STREET ADDRESS CITY-ST-ZIP				
TITLE	☐ Delete	TITLE	•		☐ Change	Addition
NAME		NAME			-	
STREET ADDRESS .		STREET ADDRESS				
12. I hereby certify that the information supplied wi	ith this filing does not qualify for th	CITY-ST-ZIP	Section 119 07(3)(i) Fl	orida Statutes I further cert	ify that the in	oformation

Thereby serrity man the information supplied with this hilling does not quality 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:

Pres. John R. Mertin 2/28/05 239-591-4455