


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N96000004538</b><br>1. Entity Name<br><b>TRADE EXECUTIVE CENTER CONDOMINIUM<br/>ASSOCIATION, INC.</b> |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>1925 TRADE CENTER WAY<br/>NAPLES, FL 34109 US</b> | Mailing Address<br><b>1915 TRADE CTR WAY<br/>NAPLES, FL 34109 US</b> |
|---|--|

**DO NOT WRITE IN THIS SPACE**



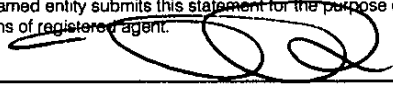
01102007 No Chg-NP CR2E037 (4/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0032456</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional<br/>Fee Required</b> |  |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>RIESS, ROBERT<br/>1915 TRADE CENTER WAY<br/>NAPLES, FL 34109</b> |
|--|

**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:  DATE: \_\_\_\_\_

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

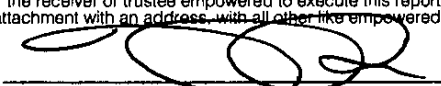
|   |  |
|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RIESS, ROBERT D<br>1915 TRADE CENTER WAY<br>NAPLES, FL 34109 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ARNONE, FRANK<br>6839 MILL POND CIRCLE<br>NAPLES, FL 34109   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPT<br>MARTIN, JOHN<br>829 BENTWOOD DR<br>NAPLES, FL 34108        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>GOEHNER, KATHY<br>1921 TRADE CENTER WAY<br>NAPLES, FL 34108 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>BYRD, CLIFF<br>1919 TRADE CENTER WAY<br>NAPLES, FL 34109   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000625316  
02/14/07-80058-022 50.00

**DO NOT WRITE  
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:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR