

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004538

FILED
Jan 14, 2009
Secretary of State

Entity Name: TRADE EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1925 TRADE CENTER WAY
NAPLES, FL 34109 US

New Principal Place of Business:

1915 TRADE CENTER WAY
NAPLES, FL 34109 US

Current Mailing Address:

1915 TRADE CTR WAY
NAPLES, FL 34109 US

New Mailing Address:

1915 TRADE CENTER WAY
NAPLES, FL 34109 US

FEI Number: 65-0032456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIESS, ROBERT
1915 TRADE CENTER WAY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RIESS, ROBERT D
Address: 1915 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: ARNONE, FRANK
Address: 6839 MILL POND CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: DPT () Delete
Name: MARTIN, JOHN
Address: 829 BENTWOOD DR
City-St-Zip: NAPLES, FL 34108

Title: DS () Delete
Name: GOEHNER, KATHY
Address: 1921 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34108

Title: DVP () Delete
Name: BYRD, CLIFF
Address: 1919 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPT (X) Change () Addition
Name: MARTIN, JORDIS
Address: 829 BENTWOOD DR
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT RIESS

D

01/14/2009

Electronic Signature of Signing Officer or Director

Date