

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002696

**Entity Name:** THE TRADE CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5651 HALIFAX AVE  
#5  
FORT MYERS, FL 33912

**Current Mailing Address:**

C/O CPSWFL  
5220 SUMMERLIN COMMONS BLVD. #500  
FORT MYERS, FL 33907

**FEI Number:** 59-3650481

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KING, RICHARD  
C/O CPSWFL  
5220 SUMMERLIN COMMONS BLVD. #500  
FORT MYERS, FL 33907 US

*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

**Officer/Director Detail :**

Title SECRETARY, TREASURER  
Name CORNELL, JAMES  
Address 5651 HALIFAX AVE #7  
City-State-Zip: FORT MYERS FL 33912

Title PRESIDENT/DIRECTOR  
Name GRANT, WILLIAM C  
Address 5651 HALIFAX AVE #6  
City-State-Zip: FORT MYERS FL 33912

Title DIRECTOR  
Name GOU, JOHN  
Address 5651 HALIFAX AVE #8  
City-State-Zip: FORT MYERS FL 33912

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN GOU

**MANAGER**

**02/17/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date