

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 26, 2010**  
**Secretary of State**

DOCUMENT# 754787

**Entity Name:** EXCHANGE CENTER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3848 EXCHANGE AVE.  
NAPLES, FL 34104 US**New Principal Place of Business:****Current Mailing Address:**3848 EXCHANGE AVE.  
NAPLES, FL 34104 US**New Mailing Address:****FEI Number:** 59-2070485**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**TOM, BRISCOE PRESIDE  
2841 SHOREVIEW DRIVE  
NAPLES, FL 34112 US**Name and Address of New Registered Agent:**FLEMING, TAMI  
3040 OIL WELL ROAD  
NAPLES, FL 34120 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: TAMI FLEMING

10/26/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FLEMING, TAMI  
Address: 3818 EXCHANGE AVE  
City-St-Zip: NAPLES, FL 34104

Title: V.P.  
Name: TRACY, STEVE  
Address: 3266 LAKEVIEW DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: SECR  
Name: LANGLEY, SANDI  
Address: 750 KETCH DRIVE  
City-St-Zip: NAPLES, FL 34103

Title: TREA  
Name: BRISCOE, TOM  
Address: 2841 SHOREVIEW DRIVE  
City-St-Zip: NAPLES, FL 34112

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: TOM BRISCOE

TREA

10/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date