

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000006086

1. Entity Name
EXCHANGE PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
900 SIXTH AVENUE SOUTH
SUITE 203
NAPLES, FL 34102

Mailing Address
900 SIXTH AVENUE SOUTH
SUITE 203
NAPLES, FL 34102



01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3683040

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWEIKHARDT, WILLIAM
900 SIXTH AVENUE SOUTH
SUITE 203
NAPLES, FL 34102

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME THOMPSON, BRADLEY C
STREET ADDRESS 1207 THIRD STREET SOUTH
CITY-ST-ZIP NAPLES, FL 34102

TITLE VD
NAME ATKINSON, JOHN
STREET ADDRESS C/O PALM MED. SUP. CORP., 411 9TH ST. N.
CITY-ST-ZIP NAPLES, FL 34102

TITLE SD
NAME SWEIKHARDT, WILLIAM
STREET ADDRESS 900 SIXTH AVENUE SOUTH
CITY-ST-ZIP NAPLES, FL 34102

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

Bradley C Thompson

1/3/06

239-262-6615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #