

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 08, 2007 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**



01032007 No Chg-NP

CR2E037 (4/06)

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)

U00000578868

01/08/07-80047-001 61.25

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Bradley C Thompson

Bradley C Thompson

1/4/07

239-262-6615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #