

**2009 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN -7 AM 10:53

DOCUMENT # N00000006086

1. Entity Name
EXCHANGE PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
468 DEVILS LANE
NAPLES, FL 34103

Mailing Address
468 DEVILS LANE
NAPLES, FL 34103



01052009 No Chg-NP CR2E037 (11/08)

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
468 DEVILS LANE
NAPLES, FL 34103

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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, 2009**

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	468 DEVILS LN
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Bradley C Thompson*

Bradley C Thompson

1/5/09

239-262-6615