

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2004  
Secretary of State**

DOCUMENT# N03000010778

Entity Name: THE EXCHANGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

2652 NE 24TH STREET  
OCALA, FL 34470

**Current Mailing Address:**

**New Mailing Address:**

2652 NE 24TH STREET  
OCALA, FL 34470

FEI Number: 20-0547377      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

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

BURNS, ROBERT L JR  
2652 NE 24TH STREET  
OCALA, FL 34470

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

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BURNS, ROBERT L JR  
Address: 8710 SE 19TH AVENUE ROAD  
City-St-Zip: Ocala, FL 34480

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Delete  
Name: BURNS, IRENE T  
Address: 8710 SE 19TH AVENUE ROAD  
City-St-Zip: Ocala, FL 34480

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD ( ) Delete  
Name: CURINGTON, DANIEL T  
Address: 3421 NW 2ND AVENUE  
City-St-Zip: Ocala, FL 34475

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD ( ) Delete  
Name: CURINGTON, JOHN W  
Address: P.O. BOX 484  
City-St-Zip: FT. MCCOY, FL 32134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: SCHAFER, MICHAEL A  
Address: 2412 SE 30TH STREET  
City-St-Zip: Ocala, FL 34471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN W CURINGTON

TD

04/26/2004

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

\_\_\_\_\_  
Date