

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010778

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: THE EXCHANGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2652 NE 24TH STREET  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

2652 NE 24TH STREET  
OCALA, FL 34470

**New Mailing Address:**

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

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

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

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

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:**

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

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

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

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

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

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT L. BURNS, JR

RA

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date