

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010778

**FILED**  
**Apr 26, 2010**  
**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  
Name: BURNS, ROBERT L JR  
Address: 8710 SE 19TH AVENUE ROAD  
City-St-Zip: Ocala, FL 34480

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN CURINGTON

TD

04/26/2010

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

\_\_\_\_\_  
Date