

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010778

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** THE EXCHANGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1396 NE 20TH AVE., STE 300  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

1396 NE 20TH AVE., STE 300  
OCALA, FL 34470

**New Mailing Address:**

107 NE 1ST AVE  
OCALA, FL 34470

**FEI Number:** 20-0547377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEAD, RICHARD P  
1396 NE 20TH AVE., STE 300  
OCALA, FL 34470 US

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

MEAD, RICHARD P  
107 NE 1ST AVE  
OCALA, FL 34470 US

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

04/28/2012

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MEAD, RICHARD P  
Address: 107 NE 1ST AVE  
City-St-Zip: Ocala, FL 34470

Title: D  
Name: KING, THOMAS S III  
Address: 1396 NE 20TH AVE., STE 100  
City-St-Zip: Ocala, FL 34470

Title: D  
Name: MILNE, MIKE  
Address: 1396 NE 20TH AVE., STE 600  
City-St-Zip: Ocala, FL 34470

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: RICHARD P MEAD

D

04/28/2012

Electronic Signature of Signing Officer or Director

Date