

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000008744

1. Entity Name

**THE EXCHANGE OF FT. LAUDERDALE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**1500 W CYPRESS CREEK RD SUITE 409
FT LAUDERDALE, FL 33309**

Mailing Address

**1500 W CYPRESS CREEK RD SUITE 409
FT LAUDERDALE, FL 33309**



03232007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

20-3664018

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRENNER, SCOTT F
1500 W CYPRESS CREEK RD SUITE 409
FT LAUDERDALE, FL 33309**

**DO NOT WRITE
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

U000000894500
04/17/07-80023-001 70.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BRENNER, SCOTT F
STREET ADDRESS 1500 W CYPRESS CREEK RD SUITE 409
CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE VDST
NAME KELLEY, ADRIENNE
STREET ADDRESS 1500 W CYPRESS CREEK RD SUITE 409
CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE D
NAME GOETZ, LAURA
STREET ADDRESS 1500 W CYPRESS CREEK RD #407
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-07

Date

954.596.5555

Daytime Phone #