

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010778

**FILED**  
**Mar 02, 2014**  
**Secretary of State**  
**CC3869791532**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 20-0547377

**Certificate of Status Desired:** No

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

MEAD, RICHARD P  
1396 NE 20TH AVE STE 300  
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

Date

**Officer/Director Detail :**

Title D  
Name MEAD, RICHARD P  
Address 1396 NE 20TH AVE STE 300  
City-State-Zip: Ocala FL 34470

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

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

Title D  
Name SCHAFER, MICHAEL A  
Address 2412 SE 30TH STREET  
City-State-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

**DIRECTOR**

**03/02/2014**

Electronic Signature of Signing Officer/Director Detail

Date