


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90093 014 ****61.25

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1. Entity Name
INTERCHANGE CENTER PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**6355 METROWEST BLVD, STE 330
 ORLANDO, FL 32835**

Mailing Address
**6355 METROWEST BLVD, STE 330
 ORLANDO, FL 32835**

DO NOT WRITE IN THIS SPACE

04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3707435

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLARD, JAMES G
 300 S ORANGE AVE, STE 1000
 ORLANDO, FL 32801**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANCROFT, PETER E 225 E REDWOOD ST BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, PAUL F 300 S ORANGE AVE, STE 1000 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLARD, JAMES C 300 S ORANGE AVE, STE 1000 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X *Paul Bryan* **Paul Bryan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 **407-523-2323**
Date Daytime Phone #