


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000002169**  
 1. Entity Name  
**INTERCHANGE CENTER PROPERTY OWNERS' ASSOCIATION, INC.**



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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For  
**59-3707435**      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**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Delete
NAME	BANCROFT, PETER E	
STREET ADDRESS	225 E REDWOOD ST	
CITY - ST - ZIP	BALTIMORE MD 21202	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYAN, PAUL F	
STREET ADDRESS	300 S ORANGE AVE, STE 1000	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLARD, JAMES C	
STREET ADDRESS	300 S ORANGE AVE, STE 1000	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

U00000340772  
 04/28/05-80130-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an officer like empowered.

SIGNATURE: *[Signature]*      Paul Bryan, Dir      4-25-05      407-523-2323  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #