


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90076 022 ****70.00

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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

40076000



2. Principal Place of Business - No P.O. Box #
5313 Johns Road

3. Mailing Address
5313 John's Road

Suite, Apt. #, etc.
201

04122007 Chg-NP CR2E037 (12/06)

City & State
Tampa, FL

4. FEI Number
59-3707435

Applied For
 Not Applicable

Zip
33634

County
Hillsborough

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
Callahan, Dee

Street Address (P.O. Box Number is Not Acceptable)
5313 Johns Road, STE 201

City
Tampa

FL Zip Code
33634

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 *Dee A Callahan* *Dee A. Callahan* *4/12/07*

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANCROFT, PETER E 225 E REDWOOD ST BALTIMORE, MD 21202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Kraeger, Robert 5313 Johns Road STE 201 TAMPA, FL 33634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, PAUL F 300 S ORANGE AVE, STE 1000 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS Callahan, Dee 5313 Johns Road, STE 201 TAMPA, FL 33634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLARD, JAMES C 300 S ORANGE AVE, STE 1000 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lawonn, Cynthia K 5313 Johns Road, STE 201 TAMPA, FL 33634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dee A Callahan* *Dee A. Callahan* *4/12/07* *813-884-6161*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #