

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90215 039 ****61.25

DOCUMENT # N01000002169



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

Principal Place of Business
**300 S ORANGE AVE. STE 1000
ORLANDO FL 32801**

Mailing Address
**300 S ORANGE AVE. STE 1000
ORLANDO FL 32801**

2. Principal Place of Business
6355 MetroWest Blvd.

3. Mailing Address
6355 MetroWest Blvd.

Suite, Apt. #, etc.
? Suite 330

Suite, Apt. #, etc.
Suite 330

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32835

Country
USA

Zip
32835

Country
USA

4. FEI Number **59-3707435**

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES



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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

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: _____ **SIGNATURE REQUIRED** Date: **2-24-03** Daytime Phone #: **407-523-2323**

CR2E037 (10/02)