

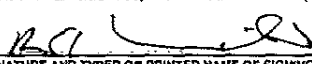


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000002857 1. Entity Name I-DRIVE CONVENTION CENTER PLAZA (NORTH) PROPERTY OWNERS ASSOCIATION, INC.		
Principal Place of Business 5728 MAJOR BOULEVARD, SUITE 601 ORLANDO, FL 32819	Mailing Address 5728 MAJOR BOULEVARD, SUITE 601 ORLANDO, FL 32819	
DO NOT WRITE IN THIS SPACE		 03192004 No Chg-NP CR2E037 (10/03)
4. FEI Number 14-1879903		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KHATIB, RASHID A 5728 MAJOR BOULEVARD, SUITE 601 ORLANDO, FL 32819		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KHATIB, RASHID A 5728 MAJOR BOULEVARD, SUITE 601 ORLANDO, FL 32819	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HODGE, RANDALL R 5728 MAJOR BOULEVARD, SUITE 601 ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEBAILLEY, JOSEPH 7594 W. SAND LAKE ROAD ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		3/23/04 <small>Date</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>