

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90007 013 ****61.25

DOCUMENT # N01000008555

1. Entity Name
INTERNATIONAL CENTER OWNERS' ASSOCIATION, INC.



Principal Place of Business
**8000 TOWERS CRESCENT DR #825
VIENNA, VA 22182**

Mailing Address
**8000 TOWERS CRESCENT DR #825
VIENNA, VA 22182**

DO NOT WRITE IN THIS SPACE



02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
01-0583140

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MYERS, W. PARKINSON
15436 N. FLORIDA AVENUE
SUITE 101
TAMPA, FL 33613**

**STERLING PROPERTY
SERVICES
27800 OLD 41 RD
BONITA SPRINGS, FL 34134**

**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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/8/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MYERS, W. PARKINSON
STREET ADDRESS	15436 NORTH FLORIDA AVENUE SUITE 101
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	DV
NAME	FRANSEN, VICTOR R
STREET ADDRESS	8000 TOWERS CRESCENT DR #825
CITY-ST-ZIP	VIENNA, VA 22182
TITLE	WILLIAM G. PRICE PRESIDENT
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	JAMIESON R HOLMES VP
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	CLIFFORD CHAPMAN DIRECTOR
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06

Date

239 947 4552

Daytime Phone #