
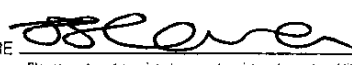
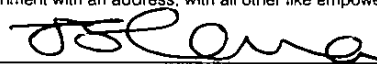


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90049 025 ****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	
2. Principal Place of Business - No P.O. Box # 27180 BAY LANDING DRIVE Suite, Apt. #, etc. 4		3. Mailing Address 27180 BAY LANDING DRIVE Suite, Apt. #, etc. 4	
City & State BONITA SPRINGS, FL.		City & State BONITA SPRINGS, FL.	
Zip 34135		Zip 34135	
4. FEI Number 01-0583140		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STERLING PROPERTY SERVICES 27800 OLD 41 RD BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name JOHN O'GORMAN Street Address (P.O. Box Number is Not Acceptable) 27180 BAY LANDING DRIVE, SUITE 4 City BONITA SPRINGS FL Zip Code 34135	
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 		DATE 3/28/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DVP HARRIS, C. VICTOR 9530 MARKETPLACE RD SUITE 301 FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MATT PRICE 6810 INTERNATIONAL CENTER BLVD. FORT MYERS, FL. 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMES, JAMIESON R 6810 INTERNATIONAL CENTER BLVD FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MATT PRICE 9530 MARKETPLACE ROAD FORT MYERS 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHAIPEL, CLIFFORD 6810 INTERNATIONAL CENTER BLVD FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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
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: 		DATE 3/28/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 239 947 4552	