2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003110

FILED Apr 30, 2004 Secretary of State

Entity Name: EXIT 67 INTERCHANGE CENTER POPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

300 S. ORANGE AVE., STE. 1000 ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

300 S. ORANGE AVE., STE. 1000 ORLANDO, FL 32801

FEI Number: 59-3722401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, BRIAN M ESQ 300 S. ORANGE AVE., STE. 1000 ORLANDO, FL 32801

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.

SIGNATURE:

Clashania Cinnahura of Davietana d Anaut

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete Title: PRES (X) Change () Addition

 Name:
 SMITH, ROBERT E
 Name:
 EADES, NANCY M

 Address:
 258 SOUTHHALL LN., STE. 130
 Address:
 220 N. MAIN ST. STE 200A

City-St-Zip: MAITLAND, FL 32751 City-St-Zip: GREENVILLE, SC 29601

Title: D () Delete Title: O (X) Change () Addition Name: WALKER, LISA N Name: FRIDY, MARTIN

 Address:
 258 SOUTHHALL LN., STE. 130
 Address:
 220 N. MAIN ST. STE 200A

 City-St-Zip:
 MAITLAND, FL 32751
 City-St-Zip:
 GREENVILLE, SC 29601

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf O} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 JONES, BRIAN M
 Name:
 JASKWHICH, LEANNE

 Address:
 300 S. ORANGE AVE., STE. 1000
 Address:
 220 N. MAIN ST. STE 200A

 City-St-Zip:
 ORLANDO, FL 328013373
 City-St-Zip:
 GREENVILLE, SC 29601

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY EADES PRES 04/30/2004