


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90200 042 ****61.25

DOCUMENT # N01000003110	
1. Entity Name EXIT 67 INTERCHANGE CENTER POPERTY 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
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60002033



2. Principal Place of Business - No P.O. Box # 2233-B SE Ft. King Street Suite, Apt. #, etc.	3. Mailing Address 2233-B SE Ft. King Street Suite, Apt. #, etc.
City & State Ocala, FL	City & State Ocala, FL
Zip 34471	Country USA

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3722401		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 JONES, BRIAN M ESQ 300 S. ORANGE AVE., STE. 1000 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Dwayne L. Carlton Street Address (P.O. Box Number is Not Acceptable) 2233-B SE Ft. King Street City Ocala FL Zip Code 34471

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 *Dwayne L. Carlton* **Dwayne L. Carlton** 1/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES EADES, NANCY M 220 N. MAIN ST. STE 200A GREENVILLE, SC 29601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T Dwayne L. Carlton 2233-B SE Ft. King Street Ocala, FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S SCLEM, JON 220 N. MAIN ST. STE 200A GREENVILLE, SC 29601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S Norman Thomas 105 Narcissus Ave., Suite 600 West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Nash PO Box 98 Coleman, FL 33521 <input type="checkbox"/> Change <input checked="" 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: *Dwayne L. Carlton* 1/5/07 (352) 351-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #