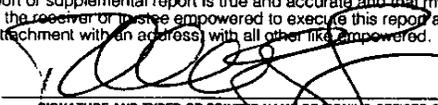


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90117 013 ****61.25

DOCUMENT # N37678					
1. Entity Name INTERNATIONAL CENTER PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 6817 WESTWOOD BLVD. ORLANDO, FL 32821			Mailing Address 6817 WESTWOOD BLVD. ORLANDO, FL 32821		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04182008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3173300	
				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			7. Name and Address of New Registered Agent		
VAN SLYKE, RICHARD 6817 WESTWOOD BLVD. ORLANDO, FL 32821			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTZ, JOHN C. JR.		NAME	Michael Taylor	
STREET ADDRESS	8000 MARYLAND AVE., SUITE 350		STREET ADDRESS	8000 Maryland Ave., Ste. 350	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	St. Louis, MO 63105	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN SLYKE, RICHARD		NAME		
STREET ADDRESS	6817 WESTWOOD BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	DTVP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATCHISON, JIM		NAME	Dan Brown	
STREET ADDRESS	7007 SEA WORLD DR		STREET ADDRESS	7007 Sea Harbor Dr.	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	Orlando FL 32821	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Brad Prugh	
STREET ADDRESS			STREET ADDRESS	11000 Westwood Blvd.	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32821	
TITLE		<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Loren Bender	
STREET ADDRESS			STREET ADDRESS	7007 Sea Harbor Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32821	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		4/21/08		907-363-7006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard N. Van Slyke		Date		Daytime Phone #	