2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State
01-19-2007 90019 013 ****61.25

DOCUMENT # N04000005218

1. Entity Name
I-4 INDUSTRIAL PARK 4TH SECTION PROPERTY OWNERS' ASSOCIATION, INC.

J00000414

Principal Place of Business	Mailing Address
PO BOX 1618 MAITLAND, FL 32794	PO BOX 1618 MAITLAND, FL 32794

01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1801 Lee Road	P.O. Box 941618
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.
City & State: Winter Park, FL	City & State: Maitland, FL
Zip: 32789 Country: USA	Zip: 32794 Country: USA

4. FEI Number 20-4680849 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VIHLEN & SILLS, P.A. 1173 SPRING CENTRE SOUTH BLVD SUITE C ALTAMONTE SPRINGS, FL 32714	Name: Hickman, Andre' F. Street Address (P.O. Box Number is Not Acceptable): 1801 Lee Road, Suite 200 City: Winter Park **FL** Zip Code: 32789

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: Andre' F. Hickman DATE: 1/9/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D HICKMAN, ANDRE F PO BOX 1618 MAITLAND, FL 32794	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.O. Box 941618 Maitland, FL 32794	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, HAROLD A PO BOX 1618 MAITLAND, FL 32794	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.O. Box 941618 Maitland, FL 32794	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARD, JOSIANE PO BOX 1618 MAITLAND, FL 32794	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.O. Box 941618 Maitland, FL 32794	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Andre' F. Hickman Pr. 1/9/07 (407)629-1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #