
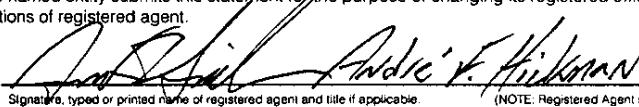
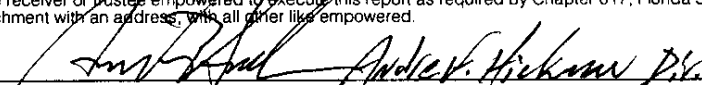


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90019 017 \*\*\*\*61.25

<b>DOCUMENT # N04000005289</b>					
<b>1. Entity Name</b> <b>I-4 INDUSTRIAL PARK 5TH SECTION PROPERTY OWNERS' ASSOCIATION, INC.</b>					
<b>Principal Place of Business</b> P.O. BOX 1618 MAITLAND, FL 32794			<b>Mailing Address</b> P.O. BOX 1618 MAITLAND, FL 32794		
<b>2. Principal Place of Business - No P.O. Box #</b> 1801 Lee Road		<b>3. Mailing Address</b> P.O. Box 941618			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc.			
City & State Winter Park, FL		City & State Maitland, FL		<b>4. FEI Number</b> 20-4680635	
Zip 32789		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  VIHLEN & SILLS, P.A. 1173 SPRING CENTRE S BLVD STE C ALTAMONTE SPRINGS, FL 32714			<b>7. Name and Address of New Registered Agent</b> Name <b>Hickman, Andre' F.</b> Street Address (P.O. Box Number is Not Acceptable) 1801 Lee Road, Suite 200 City <b>Winter Park</b> <b>FL</b> Zip Code <b>32789</b>		
<b>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.</b>					
SIGNATURE  <b>Andre' F. Hickman</b> <span style="float: right;">1/9/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>HICKMAN, ANDRE F</b> <b>P.O. BOX 1618</b> <b>MAITLAND, FL 32794</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 941618</b> <b>Maitland, FL 32794</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>MILLER, HAROLD A</b> <b>P.O. BOX 1618</b> <b>MAITLAND, FL 32794</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 941618</b> <b>Maitland, FL 32794</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>WARD, JOSIANE</b> <b>P.O. BOX 1618</b> <b>MAITLAND, FL 32794</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 941618</b> <b>Maitland, FL 32794</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>  <b>Andre' F. Hickman D.S.</b> <span style="float: right;">1/9/07 (407) 629-1688</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01042007 Chg-NP CR2E037 (12/06)