


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90197 028 \*\*\*\*61.25

<b>DOCUMENT # N05000006909</b> 1. Entity Name 1-4 COMMERCE CENTER, PHASE II, UNIT 1, REPLAT ONE PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business C/O WELWYN MANAGEMENT COMPANY 901 VIA LUGANO WINTER PK, FL 32789	Mailing Address C/O WELWYN MANAGEMENT COMPANY 901 VIA LUGANO WINTER PK, FL 32789
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40081437



04172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4689406	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

DEATER, RICHARD F  
901 VIA LUGANO  
WINTER PK, FL 32789

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEATER, RICHARD 901 VIA LUGANO WINTER PK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERTREE, JAMES M 2217 BUTLER BAY DR N WINTERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OWENS, ANDREW D 546 WEKIVA LANDING DR APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

Daytime Phone #