


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

| | | |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # N05000006909 | |  |
| 1. Entity Name I-4 COMMERCE CENTER, PHASE II, UNIT 1, REPLAT ONE PROPERTY OWNERS ASSOCIATION, INC. | | |
| 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 | |



03082008 No Chg-NP CR2E037 (4/06)

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| | |
|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number 20-4689406 | 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

DElater, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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 DElater, 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 | |

U000000861215
04/02/08-80093-016 61.25

**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, without being so empowered.

SIGNATURE:  **MANAGER** **3-14-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #