2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006909

Entity Name: I-4 COMMERCE CENTER, PHASE II, UNIT 1, REPLAT ONE

PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13620 ERIDANUS DRIVE ORLANDO, FL 32828

Current Mailing Address:

COMMUNITY MANAGEMENT RESOURCES, LLC P.O. BOX 781334

ORLANDO, FL 32878 US

FEI Number: 20-4689406 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT RESOURCES, LLC 13620 ERIDANUS DRIVE ORLANDO, FL 32828 US

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.

SIGNATURE: HECTOR A NOVOA 02/17/2015

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PD Title VF

Name NAVANI, ANIL Name DULZAIDES, ORESTES

Address C/O COMMUNITY MANAGEMENT Address C/O COMMUNITY MANAGEMENT

RESOURCES, LLC
P.O. BOX 781334
RESOURCES, LLC
P.O. BOX 781334

City-State-Zip: ORLANDO FL 32878 City-State-Zip: ORLANDO FL 32878

Title VP Title TD

Name DELATER, RICHARD Name MOJICA, MANNY

Address C/O COMMUNITY MANAGEMENT Address C/O COMMUNITY MANAGEMENT

RESOURCES, LLC RESOURCES, LLC P.O. BOX 781334 P.O. BOX 781334

City-State-Zip:

ORLANDO FL 32878

City-State-Zip: ORLANDO FL 32878

Title SD

Name OWNES, BOB

Address C/O COMMUNITY MANAGEMENT

RESOURCES, LLC P.O. BOX 781334

City-State-Zip: ORLANDO FL 32878

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANIL NAVANI PD 02/17/2015

Date

FILED Feb 17, 2015

Secretary of State

CC1230639386