

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED
Mar 03, 2016
Secretary of State
CC1350398330**

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

03/03/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name NAVANI, ANIL
Address C/O COMMUNITY MANAGEMENT
RESOURCES, LLC
P.O. BOX 781334
City-State-Zip: ORLANDO FL 32878

Title VP
Name DULZAIDES, ORESTES
Address C/O COMMUNITY MANAGEMENT
RESOURCES, LLC
P.O. BOX 781334
City-State-Zip: ORLANDO FL 32878

Title VP
Name DELATER, RICHARD
Address C/O COMMUNITY MANAGEMENT
RESOURCES, LLC
P.O. BOX 781334
City-State-Zip: ORLANDO FL 32878

Title DIRECTOR
Name PREVOST, ALAN
Address C/O COMMUNITY MANAGEMENT
RESOURCES, LLC
P.O. BOX 781334
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: NAVANI, ANIL

PRESIDENT

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date