

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006909

**FILED**  
**Mar 26, 2019**  
**Secretary of State**  
**9973766625CC**

**Entity Name:** I-4 COMMERCE CENTER, PHASE II, UNIT 1, REPLAT ONE  
PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

448 S ALAFAYA TRAIL UNIT#4  
SUITE 112  
ORLANDO, FL 32828

**Current Mailing Address:**

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  
COMMUNITY MANAGEMENT RESOURCES, LLC  
P.O. BOX 781334  
ORLANDO, FL 32878 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**

**03/26/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name NAVANI, ANIL  
Address P.O. BOX 781334  
City-State-Zip: ORLANDO FL 32878

Title SECRETARY  
Name RIDDELL, ANA  
Address P.O. BOX 781334  
City-State-Zip: ORLANDO FL 32878

Title VP  
Name DELATER, RICHARD  
Address P.O. BOX 781334  
City-State-Zip: ORLANDO FL 32878

Title DIRECTOR  
Name DUCAN, MIKE  
Address P.O. BOX 781334  
City-State-Zip: ORLANDO FL 32878

Title PRESIDENT  
Name DIONNE, JEFF  
Address P.O. BOX 781334  
City-State-Zip: ORLANDO FL 32878

Title TREASURER  
Name ZHU, ZHI  
Address 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: JEFF DIONNE**

**PRESIDENT**

**03/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date