

**2022 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.

**FILED**  
**Mar 10, 2022**  
**Secretary of State**  
**0998691111CC**

**Current Principal Place of Business:**

10967 LAKE UNDERHILL RD  
SUITE 138  
ORLANDO, FL 32825

**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:**

NOFAV REALTY & PROPERTY MANAGEMENT  
10967 LAKE UNDERHILL RD  
SUITE 138  
ORLANDO, FL 32825 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 NOVOA**

**03/10/2022**

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

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

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

Title TREASURER, DIRECTOR, VP  
Name MURRAY, ROB  
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: MIKE DUNCAN**

**PRESIDENT**

**03/10/2022**

Electronic Signature of Signing Officer/Director Detail

Date