


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
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03082008 No Chg-NP CR2E037 (4/06)

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

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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	

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 04/02/08-80093-016 61.25

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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, principal office, like empowered.

SIGNATURE: _____ *M.A. NAGAR* _____ **3-14-08** _____

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