

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2009  
Secretary of State**

DOCUMENT# N05000006909

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

**Current Principal Place of Business:**  
C/O WELWYN MANAGEMENT COMPANY  
901 VIA LUGANO  
WINTER PK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**  
C/O WELWYN MANAGEMENT COMPANY  
901 VIA LUGANO  
WINTER PK, FL 32789

**New Mailing Address:**

**FEI Number:** 20-4689406      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**  
DELATER, RICHARD F  
901 VIA LUGANO  
WINTER PK, FL 32789      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: DELATER, RICHARD  
Address: 901 VIA LUGANO  
City-St-Zip: WINTER PK, FL 32789

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD      ( ) Delete  
Name: PERTREE, JAMES M  
Address: 2217 BUTLER BAY DR N  
City-St-Zip: WINTERMERE, FL 34786

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD      ( ) Delete  
Name: OWENS, ANDREW D  
Address: 546 WEKIVA LANDING DR  
City-St-Zip: APOPKA, FL 32712

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD DELATER      PD      04/24/2009  
Electronic Signature of Signing Officer or Director      Date