2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26836

FILED Apr 16, 2009 Secretary of State

Entity Name: ANDOVER SQUARE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2360 LONGBOAT DRIVE NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

2360 LONGBOAT DRIVE NAPLES, FL 34104

FEI Number: 65-0072373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GREENWOOD MGMT SERVICE INC. BOOT, EDWARD J RA 2360 LONGBOAT DRIVE 2360 LONGBOAT DRIVE NAPLES, FL 34104 NAPLES, FL 34104

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: EDWARD J. BOOT 04/16/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition FENNELLY, MIKE Name: Name: 4548 ANDOVER WAY # F-104 Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip:

Title: Title: (X) Change () Addition () Delete MARTIN, ROBERT Name: MARTIN, ROBERT Name:

Address: 4524 ANDOVER WAY # I-204 Address: 4524 ANDOVER WAY # I-204

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: () Delete Title: (X) Change () Addition POLZIN, ROBERT BOURQUE, CHARLENE Name: Name: 4580 ANDOVER WAY #B-102

4540 ANDOVER WAY, # G-203 Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: Title: (X) Change () Addition () Delete Name: STETLER, BILL Name: CARLEY, ELEANOR

4588 ANDOVER WAY #A-305 4540 ANDOVER WAY #G-206 Address: Address:

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: () Delete Title: (X) Change () Addition

LAPLANTE, JOSEPH LAPLANTE, JOSEPH Name: Name: 4588 ANDOVER WAY # A-301 4588 ANDOVER WAY # A-301 Address: Address:

NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

City-St-Zip:

Title: () Delete Title: (X) Change () Addition HOOD, BOB ANGELI. CAMILLE Name: Name:

Address: 4548 ANDOVER WAY # F-301 Address: 4540 ANDOVER WAY #G-101 NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 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: MIKE FENNELLY Ρ 04/16/2009