

FILED
Apr 22, 2000 8:00 am
Secretary of State

DOCUMENT # N30634

ANDOVER PLACE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1914-D ART MUSEUM DR JACKSONVILLE FL 32207 US	1914-D ART MUSEUM DR JACKSONVILLE FL 32207-2502 US

2. Principal Place of Business 2180 WEST SR 434	3. Mailing Address 2180 WEST SR 434
Suite, Apt. #, etc. 5000	Suite, Apt. #, etc. 5000

City & State LONGWOOD FL	City & State LONGWOOD FL
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Zip 32779	Country USA	Zip 32779	Country USA
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4. FEI Number 59-2966507	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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TOWERS, ROBERT S JR.
1914-D ART MUSEUM DR
JACKSONVILLE FL 32207

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.

SIGNATURE  DATE 4/3/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<p>FILE NOW: FEE IS \$61.25</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	<p>Make Check Payable to Department of State</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, RAYMOND 11221 LAKE MANDARIN CIR E JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REBECCA MARTIN 3555 WOODWARDS COVE CT. JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAUGHAN, LOUISE B 3501 CHESTNUT HILL CT JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAYMOND REID 11221 LAKE MANDARIN CIRCLE JACKSONVILLE FL 32223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STINSON, JOHN 3542 WOODWARDS COVE CT. JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARY McPHERSON 3554 CHESTNUT HILL CT JACKSONVILLE FL 32223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, RICHARD T 3541 CHESTNUT HILL CT. JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARIE KRUEGER 3531 WOODWARDS COVE COURT JACKSONVILLE FL 32223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, REBECCA 3555 WOODWARDS COVE CT JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Rebecca Martin REBECCA MARTIN

CR2E037 (9/99)