

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30634

FILED  
Apr 06, 2005  
Secretary of State

**Entity Name:** ANDOVER PLACE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 59-2966507      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HART, JAMES W JR  
C/O SENTRY MANAGEMENT INC  
2180 WEST SR 434 STE 5000  
LONGWOOD, FL 32779 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:**

Title: PD ( ) Delete  
Name: COBB, JASON  
Address: 11331 LAKE MANDARIN CIR E  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD ( ) Delete  
Name: MCCLURE, SHARON  
Address: 11297 LAKE MANDARIN CIR E  
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD ( ) Delete  
Name: MCPHETERS, MARY  
Address: 3554 CHESTNUT HILL CT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD ( ) Delete  
Name: SHELLY, ELLEN  
Address: 3507 WOODWARDS COVE CT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: MCPHETERS, RALPH  
Address: 3554 CHESTNUT HILL CT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: FLAEH, HELEN  
Address: 11257 LAKE MANDARIN CIR E  
City-St-Zip: JACKSONVILLE, FL 32223

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

Title: PD (X) Change ( ) Addition  
Name: BERGERON, LARRY  
Address: 11214 LAKE MANDARIN CIR E  
City-St-Zip: JACKSONVILLE, FL 32223

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LARRY BERGERON

PD

04/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date