2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006
Secretary of State

DOCUMENT# N30634

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: BERGERON, LARRY
Address: 11214 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 (X) Delete
Name: MCPHETERS, RALPH
Address: 3554 CHESTNUT HILL CT
City-St-Zip: JACKSONVILLE, FL 32223

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: MCCLURE, SHARON
Address: 11297 LAKE MANDARIN CIR E
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD (X) Change ( ) Addition
Name: MARTIN, REBECCA
Address: 3555 WOODWARDS COVE CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD (X) Change ( ) Addition
Name: FALCH, HELEN
Address: 11257 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY BERGERON PD 03/30/2006

Electronic Signature of Signing Officer or Director — Date