

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30634

FILED
Feb 25, 2011
Secretary of State

Entity Name: ANDOVER PLACE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11512 LAKE MEAD AVENUE
SUITE 405
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

7643 GATE PARKWAY
SUITE 104 PMB 188
JACKSONVILLE, FL 32256

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:

BALASKIEWICZ, KIM
11512 LAKE MEAD AVENUE
SUITE 405
JACKSONVILLE, FL 32256 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
Name: ARMSTRONG, MURRAY
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD
Name: TERJESEN, MERETA
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD
Name: PALMES, LINDA
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD
Name: FARY, LINDA
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: FALCH, HELEN
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: KIM BALASKIEWICZ

MGR

02/25/2011

Electronic Signature of Signing Officer or Director

Date