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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44610** **(6)**

1. Corporation Name

ANDOVER LAKES, PHASE I HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2269 LEE ROAD SUITE 101 WINTER PARK FL 32789	2269 LEE ROAD SUITE 101 WINTER PARK FL 32789-7216

3. Date Incorporated or Qualified: 08/09/1991
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business
21 2180 STATE RD 434 W
Suite, Apt. #, etc.
22 STE 5000
City & State
23 LONGWOOD FL
Zip 24 32779-5044 Country 25 USA

2a. Mailing Address
26 2180 STATE RD 434 W
Suite, Apt. #, etc.
27 STE 5000
City & State
28 LONGWOOD FL
Zip 29 32779-5044 Country 30 USA

4. FEI Number: 59-3105630 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MOSELER, JOHN A.
2269 LEE ROAD
SUITE 101
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: JAMES W HART JR
82 Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT, INC.
83: 2180 STATE RD 434 W STE 5000
84 City: LONGWOOD FL 85 Zip Code: 32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: 3/14/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MOSELER, JOHN A.		1.2 NAME	SCIANDRA, ROSE	
STREET ADDRESS	2269 LEE ROAD S-101		1.3 STREET ADDRESS	10927 FAIRHAVEN WAY	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	STD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PETRY, VERONICA M.		2.2 NAME	WIGGINS,CLYDE	
STREET ADDRESS	2269 LEE ROAD S-101		2.3 STREET ADDRESS	10933 FAIRHAVEN WAY	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	VD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BOSCHMANS, ERIC F		3.2 NAME	BARR, ISABEL	
STREET ADDRESS	2269 LEE ROAD		3.3 STREET ADDRESS	3124 DENHAM CT	
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		☐ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME			4.2 NAME	GRAF, DIANNE	
STREET ADDRESS			4.3 STREET ADDRESS	3141 ATWATER DR	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	WALDROP, ALAN	
STREET ADDRESS			5.3 STREET ADDRESS	11011 FAIRHAVEN WAY	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] MODIFIED 3/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0012416