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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44610

1. Corporation Name

ANDOVER LAKES, PHASE I HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2180 STATE RD 434 W
 STE. 5000
 LONGWOOD FL 32779-5044
 US

Mailing Address

2180 STATE RD 434 W
 STE. 5000
 LONGWOOD FL 32779-5044
 US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/09/1991

4. FEI Number

59-3105630

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 STATE RD 434 W, STE. 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **SD**
 NAME **MCLEAN, RACHEL**
 STREET ADDRESS **10719 FAIRHAVEN WAY**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **VD**
 NAME **WIGGINS, CLYDE**
 STREET ADDRESS **10933 FAIRHAVEN WAY**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **TD**
 NAME **STEPHENS, RICHARD**
 STREET ADDRESS **3112 DENHAM CT**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **D**
 NAME **SHEA, TIM**
 STREET ADDRESS **3108 CAMBRIA CT**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **PD**
 NAME **WALDROP, ALAN**
 STREET ADDRESS **11011 FAIRHAVEN WAY**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

PD

VTD

D

D
STEINHOFF, PETER
10934 LANESBORO CT
ORLANDO FL 32825

14. 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 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, with all other like empowered.

SIGNATURE: X

Clyde Wiggins **REQUIRED** *Wiggins* X **3/25/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)