2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90064 026 ****61.25

DOCUMENT # N44610

1. Entity Name

ANDOVER LAKES, PHASE I HOMEOWNERS' ASSOCIATION,

Principal Place of Business	Mailing Address
2180 STATE RD 434 W STE. 5000 LONGWOOD FL 32779-5044 US	2180 STATE RD 434 W STE. 5000 LONGWOOD FL 32779-5042 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
453 Mark Twain Blvd	453 Mark Twain Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32828 Country: USA	Zip: 32828 Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HART, JAMES W JR. SENTRY MANAGEMENT INC. 2180 STATE RD 434 W, STE. 5000 LONGWOOD FL 32779	Name: Sheeler, Lawrence M. Street Address (P.O. Box Number is Not Acceptable): Penn First Management, Inc. 453 Mark Twain Blvd City: Orlando FL Zip Code: 32828

8. 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: Lawrence M. Sheeler DATE: 2/5/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCLEAN, RACHEL 10719 FAIRHAVEN WAY ORLANDO FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRANCO,MICHAEL P 10953 LANESBORO CT ORLANDO FL 32825	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WIGGINS, CLYDE 10933 FAIRHAVEN WAY ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAMPTON,CINDY 10725 FAIRHAVEN WAY ORLANDO FL 32825	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEPHENS, RICHARD 3112 DENHAM CT ORLANDO FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARABALLO, MARIA 2832 AFTON CIR ORLANDO FL 32825	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALDROP, ALAN 11011 FAIRHAVEN WAY ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FOURAKER,JEFF 10603 FAIRHAVEN WAY ORLANDO FL 32825	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEINHOFF, PETER 10934 LANESBORO CT ORLANDO FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2-10-00 407-282-9988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #