

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90226 049 \*\*\*\*61.25

**DOCUMENT # N44610**

1. Entity Name

**ANDOVER LAKES, PHASE I HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

~~459 MARK TWAIN BLVD~~  
~~ORLANDO FL 32828~~  
~~US~~

~~459 MARK TWAIN BLVD~~  
~~ORLANDO FL 32828~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

**PENN FIRST  
MANAGEMENT INC  
1813 N. DEAN RD  
ORLANDO FL 32817**

**PENN FIRST  
MANAGEMENT INC  
1813 N. DEAN RD  
ORLANDO FL 32817**

**10026452**



☒ CHECK HERE IF MAKING CHANGES

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

~~CHEELER, LAWRENCE M  
PENN FIRST MANAGEMENT, INC.  
459 MARK TWAIN BLVD  
ORLANDO FL 32828~~

Name

**PENN FIRST**

Street Address

**MANAGEMENT INC**

City

**1813 N. DEAN RD**

**ORLANDO FL 32817**

Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AGUILAR, RICARDO 3120 CAMBRIA CT ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAMPTON, CINDY 10725 FAIRHAVEN WAY ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARABALLO, MARIA 2832 AFTON CIR ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TILLSON, TOM 10657 FAIRHAVEN WAY ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEATHERHOLT, PAUL 10567 FAIRHAVEN WAY ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/Treas PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr Brett Schacht 3217 Reserve Ct Orlando, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E037 (10/02)

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*

*2/18/03*