

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50065

1. Entity Name

ANDOVER LAKES, PHASE 2 HOMEOWNER'S ASSOCIATION.

Principal Place of Business

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044

Mailing Address

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3159818

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W. J
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

Name

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

City

FL

Zip 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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME WAIT, JAMES K.
STREET ADDRESS 2884 ST AUGUSTINE DR
CITY-ST-ZIP ORLANDO FL 32825

TITLE SD ☐ Change ☒ Addition
NAME BEN PAREDES
STREET ADDRESS 11015 FELTON CT
CITY-ST-ZIP ORLANDO FL 32825

TITLE VD ☒ Delete
NAME LONDON, LEONARD
STREET ADDRESS 2926 ST AUGUSTINE DR
CITY-ST-ZIP ORLANDO FL 32825

TITLE PD ☐ Change ☒ Addition
NAME KARY HAGEN
STREET ADDRESS 11058 FAIRHAVEN DR
CITY-ST-ZIP ORLANDO FL 32825

TITLE SD ☒ Delete
NAME CONNELLY, YVETTE
STREET ADDRESS 2873 ST AUGUSTINE DR
CITY-ST-ZIP ORLANDO FL 32825

TITLE D ☐ Change ☒ Addition
NAME BONITA STAMPER
STREET ADDRESS 9232 ST AUGUSTINE DR
CITY-ST-ZIP ORLANDO FL 32835

TITLE TD ☒ Delete
NAME JOHNSON, TAMMY
STREET ADDRESS 2957 ST AUGUSTINE DR
CITY-ST-ZIP ORLANDO FL 32825

TITLE TD ☐ Change ☒ Addition
NAME HANK YUNCZA
STREET ADDRESS 2824 ST AUGUSTINE DR
CITY-ST-ZIP ORLANDO FL 32835

TITLE D ☒ Delete
NAME YUNCZA, JULIA
STREET ADDRESS 2824 ST AUGUSTINE DR
CITY-ST-ZIP ORLANDO FL 32825

TITLE VD ☐ Change ☒ Addition
NAME KIM RUNNER
STREET ADDRESS 2842 ST AUGUSTINE DR
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X *Kary Hagen* KARY J HAGEN

X 4-20-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)