

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90035 033 ****61.25

DOCUMENT # N50065 1. Entity Name ANDOVER LAKES, PHASE 2 HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044			Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044		
2. Principal Place of Business 5401 S. KIRKMAN Road Suite, Apt. #, etc. SUITE 450 City & State ORLANDO, FL Zip 32819 Country USA		3. Mailing Address 5401 S. KIRKMAN Road Suite, Apt. #, etc. SUITE 450 City & State ORLANDO, FL Zip 32819 Country USA			
02232004 Chg-NP CR2E037 (10/03)		4. FEI Number 59-3159818		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROF. INC. 5401 S. KIRKMAN RD. #475 #450 ORLANDO, FL 32819			
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> <u>President Community Management Prof. 3/23/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
Filing Fee is \$61.25 Due by May 1, 2004		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	D JENKOT, LEROY 3174 ERSKINE DR ORLANDO, FL 32825	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RON NEWBY 12009 PHILBROOK CT. ORLANDO, FL 32825	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENRIQUEZ, BERTO 3206 ERSKINE ORLANDO, FL 32825	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RALPH KAY 11220 CARABELLE CIRCLE ORLANDO FL 32825	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENNETT, JUDY 3064 ST AUGUSTINE DR ORLANDO, FL 32825	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAREN DELGADO 3344 MATTHEW DRIVE ORLANDO, FL 32825	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD KRELL, JIM 11008 FELTON CT ORLANDO, FL 32825	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JENNIFER MOHS 11046 FAIRHAVEN WAY ORLANDO, FL 32825	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADELARDO ARIAS 3151 MATTHEW DRIVE ORLANDO, FL 32825	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN PALMERINI 12032 RITZ COURT ORLANDO, FL 32825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DON CANONGE 3058 ST. AUGUSTINE DRIVE ORLANDO, FL 32825	☐ Change ☐ Addition
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-23-04 407-6294029 Date Daytime Phone #		