

N50065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

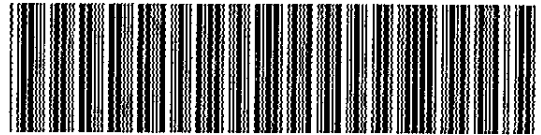
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Sue Carpenter  
Authorized the  
correction of the  
corporate name  
@ 10/30/03

Office Use Only

RA/Ro/change  
@ 10/31/03



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10/29/03--01030--025 \*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ANDOVER LAKES PHASE 2 HOA INC.  
(Name of corporation)

DOCUMENT NUMBER: N50065

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUE CARPENTER  
(Name of person)

Community Management Prof. Inc.  
(Name of firm/company)

5401 S. KIRKMAN Rd #475  
(Address)

Orlando, FL 32819  
(City/state and zip code)

For further information concerning this matter, please call:

SUE CARPENTER (Name of person) (407) 903-9969 (Area code & daytime telephone number)

#105

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
this statement of change is submitted for a corporation organized under the laws of the State of  
FLORIDA in order to change its registered office or registered agent, or both, in the State  
of Florida.

1. The name of the corporation: ANDOVER LAKES PHASE 2 HOMEOWNERS ASSOCIATION
2. The principal office address: 5401 S. KIRKMAN Rd.  
Suite 475 Orlando FL 32819
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 7/27/92 Document number: N-50065

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

JAMES HART  
Sentry Mgmt Inc  
2180 W SR 434 #5000  
Longwood FL 32779

6. The name and street address of the new registered agent (if changed) and /or registered office (if  
changed):

Community Management Prof. Inc.  
5401 S. KIRKMAN Rd #475  
ORLANDO, FL 32819  
(P.O. Box or personal mailbox NOT acceptable)

The street address of its registered office and the street address of the business office of its registered  
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

BERTO HENRIQUEZ, PRESIDENT  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as  
registered agent. Or, if this document is being filed merely to reflect a change in the registered  
office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

9-21-03  
(Date)

If signing on behalf of an entity:

DE CARPENTER  
(Typed or Printed Name)

PRESIDENT  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA

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