

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northum Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003523 (7)
 1. Corporation Name
ANDOVER LAKES, PHASE 3 HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business 2269 LEE ROAD SUITE 101 WINTER PARK FL 32789-1866	Mailing Address 2269 LEE ROAD SUITE 101 WINTER PARK FL 32789-1866
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt #, etc	26. Suite, Apt #, etc
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/18/1994	3a. Date of Last Report
4. FEI Number 59-3285218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199 USA, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MOSELER, JOHN A
 2269 LEE RD.
 SUITE 101
 WINTER PARK FL 32789-1866**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSELER, JOHN A	12 NAME	
STREET ADDRESS	2269 LEE RD., STE. 101	13 STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK FL 32789-1866	14 CITY, ST, ZIP	
TITLE	DV	23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSCHMANS, ERIC F	24 NAME	
STREET ADDRESS	2269 LEE RD., STE. 101	25 STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK FL 32789-1866	26 CITY, ST, ZIP	
TITLE	DST	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRY, VERONICA M	32 NAME	
STREET ADDRESS	2269 LEE RD., STE. 101	33 STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK FL 32789-1866	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the corporation stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John A Moseler*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John A Moseler

4.12.95
 407 644-6300