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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90114 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003523

1. Corporation Name
ANDOVER LAKES, PHASE 3 HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business 229 PASADENA PLACE STE 100 ORLANDO FL 32803 US	Mailing Address P. O. BOX 300233 ORLANDO FL 32856 US
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2. Principal Place of Business 21 1416 Concord St. East Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 531010 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 07/18/1994
22	27	4. FEI Number 59-3285218 Applied For <input type="checkbox"/> Not Applicable
23 City & State Orlando FL	28 City & State Orlando FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32803	25 Country US	29 Zip 32853-1010
30 Country US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent HANSON, JACK B. 229 PASADENA PL STE 100 ORLANDO FL 32856	10. Name and Address of New Registered Agent 81 The Melrose Mgmt. Group 82 Street Address (P.O. Box Number is Not Acceptable) 83 1416 Concord St. East 84 City Orlando FL 85 Zip Code 32803
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: J.B. Hanson DATE: 3/11/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MATTHAI, KAROLINE	1.2 NAME	Karoline Matthai
STREET ADDRESS	229 PASADENA PL STE 100	1.3 STREET ADDRESS	385 Douglas Ave. St. 2000
CITY-ST-ZIP	ORLANDO FL 32803	1.4 CITY-ST-ZIP	Altamonte Sprgs. FL 32714
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV BOSCHMANS, ERIC F	2.2 NAME	
STREET ADDRESS	2269 LEE RD., STE. 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789-1866	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DST PETRY, VERONICA M	3.2 NAME	
STREET ADDRESS	2269 LEE RD., STE. 101	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789-1866	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SMITH, JR. R	4.2 NAME	Ralph Smith, Jr. ↑
STREET ADDRESS	229 PASADENA PLACE STE 100	4.3 STREET ADDRESS	Same as above
CITY-ST-ZIP	ORLANDO FL 32803	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CROCKER, TED	5.2 NAME	Ted Crocker ↑
STREET ADDRESS	229 PASADENA PLACE STE 100	5.3 STREET ADDRESS	Same as above.
CITY-ST-ZIP	ORLANDO FL 32803	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE: Karoline Matthai DATE: 3-10-99 DAYTIME PHONE #: 228-4181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)