


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90019 044 ****61.25

DOCUMENT # N94000003523

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



Principal Place of Business
 PENN FIRST MANAGEMENT INC.
 1813 N. DEAN RD.
 ORLANDO, FL 32817 US

Mailing Address
 PENN FIRST MANAGEMENT INC.
 1813 NO. DEAN RD STE 103
 ORLANDO, FL 32817 US

54032807



2. Principal Place of Business
 Penn First / Boyle Management, Inc
 Suite, Apt. #, etc.
 498 Palm Springs Drive #235

3. Mailing Address
 498 Palm Springs Drive
 Suite, Apt. #, etc.
 #235

03232004 Chg-NP CR2E037 (10/03)

City & State
 Altamonte Springs, FL

City & State
 Altamonte, Springs, FL

Zip
 32701

Country
 U.S.

4. FEI Number
 59-3285218

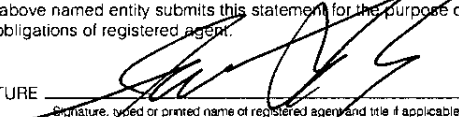
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SWEELER, LARRY
 PENN FIRST MANAGEMENT INC.
 1813 NO. DEAN ROAD STE 103
 ORLANDO, FL 32817

7. Name and Address of New Registered Agent
 Name
 James Boyle
 Street Address (P.O. Box Number is Not Acceptable)
 498 Palm Springs Drive Suite 235
 City
 Altamonte Springs FL Zip Code
 32701

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  DATE 4/5/04

(NOTE: Registered Agent signature required when reinstating)

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	
TITLE D	<input type="checkbox"/> Delete
NAME JONES, CLAIRE	
STREET ADDRESS 3109 BELLINGHAM DR.	
CITY-ST-ZIP ORLANDO, FL 32825	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME ANDERSON, BARBARA	
STREET ADDRESS 3031 BELLINGHAM DR	
CITY-ST-ZIP ORLANDO, FL 32825	
TITLE SD	<input type="checkbox"/> Delete
NAME WILLIAMS, PATRICIA	
STREET ADDRESS 3253 BELLINGHAM DR	
CITY-ST-ZIP ORLANDO, FL 32825	
TITLE DP	<input type="checkbox"/> Delete
NAME LIVINGSTON, FRED	
STREET ADDRESS 10025 IAN ST	
CITY-ST-ZIP ORLANDO, FL 32825	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME SHUMATA, GLORIA	
STREET ADDRESS 3303 HOLLAND DRIVE	
CITY-ST-ZIP ORLANDO, FL 32825	
TITLE D	<input type="checkbox"/> Delete
NAME ANDERSON, BARBARA	
STREET ADDRESS 3031 BELLINGHAM DR	
CITY-ST-ZIP ORLANDO, FL 32825	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Curtis Stanley	
STREET ADDRESS 3202 Holland Drive	
CITY-ST-ZIP Orlando, FL 32825	
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Howard Morris	
STREET ADDRESS 3114 Holland Drive	
CITY-ST-ZIP Orlando, FL 32825	
TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME David Granger	
STREET ADDRESS 3050 Bellingham Drive	
CITY-ST-ZIP Orlando, FL 32825	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, BARBARA	
STREET ADDRESS 3031 BELLINGHAM DR	
CITY-ST-ZIP ORLANDO, FL 32825	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, BARBARA	
STREET ADDRESS 3031 BELLINGHAM DR	
CITY-ST-ZIP ORLANDO, FL 32825	

REC'D

VENDOR # _____

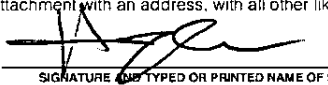
ASSN # _____

MGR _____

DATE _____

TRANS # _____

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:  HAZLEM EL-ASSAR 4/5/04 407-836-7866

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Please sign