


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90061 034 \*\*\*\*61.25

**DOCUMENT # N94000003523**

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



Principal Place of Business  
**BOYLE MGMT SERVICES INC**  
**498 PALM SPRINGS DR., @235**  
**ALTAMONTE SPRINGS, FL 32701 US**

Mailing Address  
**BOYLE MGMT SERVICES INC**  
**498 PALM SPRINGS DR., @235**  
**ALTAMONTE SPRINGS, FL 32701 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.


3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

400100



04082008 Chg-NP CR2E037 (12/06)

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  
**BOYLE, JAMES**  
**498 PALM SPRINGS DR.**  
**STE. 235**  
**ALTAMONTE SPRINGS, FL 32701**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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 **S**  Delete  
 NAME **SHUMATE, ROBIN**  
 STREET ADDRESS **3303 HOLLAND DR.**  
 CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **D**  Delete  
 NAME **PHIPPS, ROGER**  
 STREET ADDRESS **3006 HOLLAND DR.**  
 CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **P**  Delete  
 NAME **LIVINGSTON, FRED**  
 STREET ADDRESS **10025 IAN ST**  
 CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **T**  Delete  
 NAME **LORD, ELVI**  
 STREET ADDRESS **3000 HOLLAND DR.**  
 CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **D**  Delete  
 NAME **ANDERSON, BARBARA**  
 STREET ADDRESS **3031 BELLINGHAM**  
 CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **D**  Delete  
 NAME **BRASWELL, MANUELA**  
 STREET ADDRESS **3421 BELLINGHAM DR.**  
 CITY-ST-ZIP **ORLANDO, FL 32825**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Fred Livingston* **FRED LIVINGSTON** **16 April 2008** **321 689 5842**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #