FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 26 AM 7:51

DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000003523 (7)

1. Corporation Name

ANDOVER LAKES, PHASE 3 HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2269 LEE ROAD SUITE 101 WINTER PARK FL 32789-1866	2269 LEE ROAD SUITE 101 WINTER PARK FL 32789-1866

3. Date Incorporated or Qualified: 07/18/1994
3a. Date of Last Report:
4. FEI Number: 59-3285218 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt #, etc. (22)	Suite, Apt #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MOSELER, JOHN A	1.2 NAME	
STREET ADDRESS	2269 LEE RD., STE. 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789-1866	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	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	DST	3.1 TITLE	☐ Change ☐ Addition
NAME	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		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: John A. Moseler — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John A Moseler

4.12.95 (Date) 407 644-6300 (Daytime Phone #)

0003700