

FILE NOW: FILING FEE IS \$61.25

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**Apr 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50065 (4)
1. Corporation Name
ANDOVER LAKES, PHASE 2 HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044	Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044
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3. Date Incorporated or Qualified 07/27/1992	
4. FEI Number 59-3159818	Applied For <input type="checkbox"/> Not Applicable
6. 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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MOSELER, JOHN A.
2269 LEE ROAD
SUITE 101
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name	JAMES W. HART, JR
82 Street Address (P.O. Box Number is Not Acceptable)	SENTRY MANAGEMENT, INC.
83	2180 WEST SR 434, SUITE 5000
84 City	LONGWOOD FL ⁸⁵ Zip Code 32779

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 officer 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 *[Signature]* **JAMES W. HART, JR.** **2/3/98** DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOSELER, JOHN A.	
STREET ADDRESS	2269 LEE ROAD, #101	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOSCHMANS, ERIC F. J.	
STREET ADDRESS	2269 LEE RD.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	PETRY, VERONICA M.	
STREET ADDRESS	2269 LEE ROAD, #101	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WAIT, JAMES K.	
1.3 STREET ADDRESS	2884 ST AUGUSTINE DR	
1.4 CITY-ST-ZIP	ORLANDO FL 32825	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LONDON, LEONARD	
2.3 STREET ADDRESS	2926 ST AUGUSTINE DR	
2.4 CITY-ST-ZIP	ORLANDO FL 32825	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CONNELLY, YVETTE	
3.3 STREET ADDRESS	2873 ST AUGUSTINE DR	
3.4 CITY-ST-ZIP	ORLANDO FL 32825	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EKEM, BRENT	
4.3 STREET ADDRESS	11122 JOEL CT	
4.4 CITY-ST-ZIP	ORLANDO FL 32825	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	YUNCZA, JULIA	
5.3 STREET ADDRESS	2824 ST AUGUSTINE DR	
5.4 CITY-ST-ZIP	ORLANDO FL 32825	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *[Signature]* **JAMES K. WAIT**

4-15-98

CR2E037 (10/97)