## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N50065 1. Entity Name ANDOVER LAKES, PHASE 2 HOMEOWNER'S ASSOCIATION, Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country Zip Country Country

## FILED Apr 02, 2001 8:00 am Secretary of State

04-02-2001 90318 013 \*\*\*\*61.25

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| 4. Fillicipal Flace of Busiless   |  | 5. Mailing Address                                       |                        | 11001111   | \$ <b>881 8</b> 1116 88111 88118 81181 8114 81                    | ikti bibit alah bibi al | 816 86861 18 <b>8</b> 1     |  |
|---|--|--|------------------------|--|---|-------------------------|-----------------------------|--|
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                      |                        |  | DO NOT WRITE IN THIS SPACE  |                         |                             |  |
| City & State  |  | City & State   |                        | 4. FEI Numbe                                       | 4. FEI Number 59-3159818  |                         | oplied For<br>ot Applicable |  |
| Zip   | Country  | Zip  | Zip Country            |  | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |                         |                             |  |
| 6. Name and Address of Current Registered Agent                             |  |  |                        | 7. Name and  | Address of New Registe  | red Agent               |                             |  |
|   |  |  | Name                   |  | <del></del>   |                         |                             |  |
| HART, JAMES W. J<br>SENTRY MANAGEMENT, INC.<br>2180 WEST SR 434, SUITE 5000 |  |  |                        | Street Address (P.O. Box Number is Not Acceptable) |   |                         |                             |  |
|   |  |  | Street A               |  |   |                         |                             |  |
|   |  |  | <u> </u>               |  |   |                         |                             |  |
|   |  |  |                        | <u></u>  |   |                         |                             |  |
|   | OD FL 32779  | City   |                        |  |   | FL Zip Cod              | e                           |  |
|   |  | No   | enciatored office of   | er registered agent, or he                         | the in the state of Florida                                       |                         |                             |  |
| 8. The above  | named entity submits this statement for                | the purpose of changing its r                            | egisterea onice c      | or registered agent, or bo                         | un, in the state of horida.                                       |                         |                             |  |
|   | •  |  |                        |  |   |                         |                             |  |
| COMMENSE  |  |  |                        |  |   |                         |                             |  |
| SIGNATURE .   | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE:                           | Registered Agent signa | ture required when reinstating)                    | D.  | ATE                     |                             |  |
|   |  | ·  | 1                      |  | <del></del>   |                         |                             |  |
|   |  | . 5( . 6 . 0   | <b>-</b> :             | A= AA  | Make Che  | ek Davabla ta           |                             |  |
| FILE NOW:   |  | Election Campaign Financing     Trust Fund Contribution. |                        | \$5.00 May Be<br>Added to Fees                     |   |                         |                             |  |
|   | FEE IS \$61.25   | Trust r and Continuo                                     | ition.                 | Added to Fees                                      | Departii  | iem or state            |                             |  |
| 10  | OFFICERS AND DIR                                       | ECTORS   | 11.                    | ADDITIONS/CH                                       | L<br>ANGES TO OFFICERS AN   | D DIRECTORS IN          | 110                         |  |
| 10.   |  |  | TITLE                  | I VD   | ANGES TO OTT TO ETTO ATT  | Change                  | FX Addition                 |  |
| TITLE   | SD<br>DADEDES DEM                                      | 🙀. Delete  | NAME                   | WÄITE, JIM<br>2884 ST AUGL                         |   | change                  | M Addition                  |  |
| NAME<br>STREET ADDRESS  | PAREDES, BEN   |  | STREET ADDRESS         | <u>2884 ST A</u> UGL                               | ISTINE DR   |                         |                             |  |
| CITY-ST-ZIP   | 11015 FELTON CT  |  | CITY-ST-ZIP            | ORLANDO FL 3                                       | 32825   |                         |                             |  |
|   | ORLANDO FL 32825                                       |  | ÷-                     |  |   | <b>★</b> Change         | Addition                    |  |
| TITLE   | PD KAREN   | ☐ Delete   | TITLE<br>NAME          | HAGEN, KARY  |   | (A) Change              | [:] Addition                |  |
| NAME<br>CAREET ARRESTS  | HAGEN, KAREN   |  | STREET ADDRESS         |  |   |                         |                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 11058 FAIRHAVEN DRIVE                                  |  | CITY-ST-ZIP            | 3.   | ·   |                         |                             |  |
|   | ORLANDO FL 32825                                       | <b>(₩)</b> = 4 :   | ···                    | 5  |   | ☐ Change                | X Addition                  |  |
| TITLE   | D CTAMPED BONITA                                       | 🔀 Delete   | TITLE<br>NAME          | LONDON, LEONARD<br>2926 ST AUGUSTINE DR            |   |                         |                             |  |
| NAME<br>STREET ADDRESS  | STAMPER, BONITA<br>9232 ST AUGUSTINE DR                |  | STREET ADDRESS         |  |   |                         |                             |  |
| CITY-ST-ZIP   | ORLANDO FL 32835                                       |  | CITY-ST-ZIP            | OŘĽÁNĎO FĽ 3                                       | 2825  |                         |                             |  |
|   | TD   | (X) Delete   | TITLE                  | SD   |   | ☐ Change                |                             |  |
| TITLE<br>NAME   | YUNCZA, HANK   | NA Delete  | NAME                   |  | γ   | onange                  | M-1 radiiisii               |  |
| STREET ADDRESS  | 2824 ST AUGUSTINE DRIVE                                |  | STREET ADDRESS         | BENNETT, JUD<br>3064 ST AUGU                       | STINE DR  |                         |                             |  |
| CITY-ST-ZIP   | ORLANDO FL 32835                                       |  | CITY-ST-ZIP            | ORLANDO FL 3                                       | 2825  |                         |                             |  |
| TITLE   | VD   | XX Delete  | TITLE                  | SD   |   | Y Change                | ☐ Addition                  |  |
| NAME  | RUNNER, KIM  | AGN DEIGIE   | NAME                   | עכ   |   | (A) onungo              |                             |  |
| STREET ADDRESS  | 2842 ST AUGUSTINE DR                                   |  | STREET ADDRESS         |  |   |                         |                             |  |
| CITY-ST-ZIP   | ORLANDO FL 32825                                       | <i>e</i> .   | CITY-ST-ZIP            |  |   |                         | Ì                           |  |
| TITLE   | V 1110 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                   | ☐ Delete   | TITLE                  | TD   |   | ☐ Change                | ■ Addition                  |  |
| NAME  |  | □ Delete   | NAME                   | MCCOY, DAVID                                       | )<br>)  | onango                  | A                           |  |
| STREET ADDRESS  |  |  | STREET ADDRESS         | 11318 CARABE                                       | LEE CIR   |                         | }                           |  |
| CITY-ST-ZIP   |  |  | CITY-ST-ZIP            | ORLANDO, FL  |   |                         |                             |  |
| 13   harabus  | artify that the information supplied with              | this filing does not qualify for                         |                        |  | 32023<br>i) Florida Statutae I furthe                             | r cortify that the is   | oformation                  |  |

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 REQUIRE

2-13-2001

Date

Daytime Phone #

HZEU37 (10/00)