

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N50065

1. Entity Name

ANDOVER LAKES, PHASE 2 HOMEOWNER'S ASSOCIATION,

Principal Place of Business

Mailing Address

2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779-5044

2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779-5044

00030689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3159818**

Applied For
 Not Applicable

Zip

Country

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 Registered Agent

HART, JAMES W. J
SENTRY MANAGEMENT, INC.
 2180 WEST SR 434, SUITE 5000
 LONGWOOD FL 32779

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.

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD PAREDES, BEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11015 FELTON CT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE NAME	PD HAGEN, KAREN	<input type="checkbox"/> Delete
STREET ADDRESS	11058 FAIRHAVEN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE NAME	D STAMPER, BONITA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9232 ST AUGUSTINE DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE NAME	TD YUNCZA, HANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2824 ST AUGUSTINE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE NAME	VD RUNNER, KIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2842 ST AUGUSTINE DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	VD WAITE, JIM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2884 ST AUGUSTINE DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE NAME	HAGEN, KARY.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D LONDON, LEONARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2926 ST AUGUSTINE DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE NAME	SD BENNETT, JUDY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3064 ST AUGUSTINE DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE NAME	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD MCCOY, DAVID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	11318 CARABEELEE CIR	
CITY-ST-ZIP	ORLANDO, FL 32825	

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 _____ **SIGNATURE REQUIRED**

2-13-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)