

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90116 014 *****61.25

0090734

DOCUMENT # N30634

1. Entity Name

ANDOVER PLACE OWNERS ASSOCIATION, INC.

Principal Place of Business

2180 WEST SR 434
5000
LONGWOOD FL 32779
US

Mailing Address

2180 WEST SR 434
5000
LONGWOOD FL 32779
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2966507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W JR.
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD FL 32779

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **D** ☐ Delete
NAME **MARTIN, REBECCA**
STREET ADDRESS **3555 WOODWARDS COVE CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **SD** ☐ Delete
NAME **REID, RAYMOND**
STREET ADDRESS **11221 LAKE MANDARIN CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **PD** ☐ Delete
NAME **MCPHETERS, MARY**
STREET ADDRESS **3554 CHESTNUT HILL COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **SD** ☒ Delete
NAME **KREUGER, MARIE**
STREET ADDRESS **3532 WOODWARDS COVE CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **TD** ☒ Delete
NAME **MARTIN, REBECCA**
STREET ADDRESS **3555 WOODWARDS COVE CT**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition
NAME **KREUGER, MARK**
STREET ADDRESS **3531 WOODWARDS COVE CT**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **MUTH, KATHY**
STREET ADDRESS **3547 WOODWARDS COVE CT**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

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 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 *Rebecca Martin* **SIGNED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/01

WK:
542-3759 EX.14

CR2E037 (10/00)