

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

04-26-2001 90122 021 ****61.25
 08-07-2001 90002 004 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000003523			
1. Entity Name ANDOVER LAKES, PHASE 3 HOMEOWNER'S ASSOCIATION.			
Principal Place of Business 453 MARK TWAIN BLVD. 3043 Holland Dr. P.O. Box 5709 ORLANDO FL 32828 Orlando, FL ORLANDO FL 32803-1010 Orlando, FL US 32825 US 32857-0996		Mailing Address	
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 59-3285218		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEELER, LAWRENCE M. 453 MARK TWAIN BLVD. ORLANDO FL 32828		7. Name and Address of New Registered Agent Name Carmen Fuller Street Address (P.O. Box Number is Not Acceptable) 3043 Holland Dr. City Orlando FL Zip Code 32825	
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 <i>[Signature]</i> DATE 08/03/01 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE \$61.25 After September 12, 2001, this will be \$236.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHAI, KAROLINE 385 DOUGLAS AVE., STE 2000 ALTAMONTE SPGS FL 32714 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carmen Fuller 3043 Holland Dr Orlando, FL 32825 ☒ Change ☐ Addition (President)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JR. R 385 DOUGLAS AVE., STE 2000 ALTAMONTE SPGS FL 32714 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Earl Miller 3114 Natoma Way Orlando, FL 32825 ☒ Change ☐ Addition (Vice President)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROCKER, TED 385 DOUGLAS AVE., STE 2000 ALTAMONTE SPGS FL 32714 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tara Crosby 3284 Bellingham Dr. Orlando, FL 32825 ☒ Change ☐ Addition (Secretary/Treasurer)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 08.03.01 Daytime Phone # (407) 346-5200	

CR2E037 (5/01)