

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90211 038 \*\*\*\*61.25

**DOCUMENT # N50065**

1. Entity Name

**ANDOVER LAKES, PHASE 2 HOMEOWNER'S ASSOCIATION, INC.**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	WAITE, JIM	
STREET ADDRESS	2884 ST AUGUSTINE DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAGEN, KARY	
STREET ADDRESS	11058 FAIRHAVEN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONDON, LEONARD	
STREET ADDRESS	2926 ST AUGUSTINE DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BENNETT, JUDY	
STREET ADDRESS	3064 ST AUGUSTINE DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RUNNER, KIM	
STREET ADDRESS	2842 ST AUGUSTINE DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCCOY, DAVID	
STREET ADDRESS	11318 CARABEELEE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32825	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAIT, JIM	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRIQUEZ, BERTO	
STREET ADDRESS	3206 ERSKINE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALDONADO, LEIRA	
STREET ADDRESS	11256 CARABEELEE CIR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRELL, JIM	
STREET ADDRESS	11008 FELTON CT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, BEVERLY	
STREET ADDRESS	11312 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:

*Jim Wait*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3.29.2002**

Date

Daytime Phone #

CR2E037 (9/01)