


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90035 033 \*\*\*\*61.25

<b>DOCUMENT # N50065</b>			
1. Entity Name ANDOVER LAKES, PHASE 2 HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044		Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044	
2. Principal Place of Business 5401 S. KIRKMAN ROAD		3. Mailing Address 5401 S. KIRKMAN ROAD	
Suite, Apt. #, etc. SUITE 450		Suite, Apt. #, etc. SUITE 450	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32819	Country USA	Zip 32819	Country USA
8. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROF. INC. 5401 S. KIRKMAN RD. #475 #450 ORLANDO, FL 32819		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>[Signature]</i> <b>President Community Management Prof. 3/23/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D JENKOT, LEROY <input checked="" type="checkbox"/> Delete	TITLE	DP RON NEWBY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKOT, LEROY	NAME	RON NEWBY
STREET ADDRESS	3174 ERSKINE DR	STREET ADDRESS	12009 PHILBROOK CT.
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	PD HENRIQUEZ, BERTO <input checked="" type="checkbox"/> Delete	TITLE	DVP RALPH KING <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRIQUEZ, BERTO	NAME	RALPH KING
STREET ADDRESS	3206 ERSKINE	STREET ADDRESS	11220 CARABELLE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	ORLANDO FL 32825
TITLE	S BENNETT, JUDY <input checked="" type="checkbox"/> Delete	TITLE	D KAREN DELGADO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JUDY	NAME	KAREN DELGADO
STREET ADDRESS	3064 ST AUGUSTINE DR	STREET ADDRESS	3344 MATTHEW DRIVE
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	TVD KRELL, JIM <input checked="" type="checkbox"/> Delete	TITLE	DS JENNIFER MOHS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRELL, JIM	NAME	JENNIFER MOHS
STREET ADDRESS	11008 FELTON CT	STREET ADDRESS	11046 FAIRHAVEN WAY
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	<input type="checkbox"/> Delete	TITLE	D ADELARDO ARIAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ADELARDO ARIAS
STREET ADDRESS		STREET ADDRESS	3151 MATTHEW DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	D JOHN PALMERINI <input type="checkbox"/> Delete	TITLE	D DON CANONGE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN PALMERINI	NAME	DON CANONGE
STREET ADDRESS	12032 RITZ COURT	STREET ADDRESS	3058 ST. AUGUSTINE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32825	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: <i>[Signature]</i>		3-23-04 407-6294029	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	