2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90019 044 ****61.25

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03232004 Chg-NP CR2E037 (10/03)

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1. Entity Name
ANDOVER LAKES, PHASE 3 HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PENN FIRST MANAGEMENT INC. 1813 N. DEAN RD. ORLANDO, FL 32817 US	PENN FIRST MANAGEMENT INC. 1813 NO. DEAN RD STE 103 ORLANDO, FL 32817 US

2. Principal Place of Business	3. Mailing Address
Penn First/Boyle Management, Inc	498 Palm Springs Drive
Suite, Apt. #, etc. 498 Palm Springs Drive #235	Suite, Apt. #, etc. #235
City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip / Country 32701 / U.S.	Zip / Country 32701 / U.S.

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	7. Name and Address of New Registered Agent
SWEELER, LARRY PENN FIRST MANAGEMENT INC. 1813 NO. DEAN ROAD STE 103 ORLANDO, FL 32817	Name: James Boyle Street Address (P.O. Box Number is Not Acceptable): 498 Palm Springs Drive Suite 235 City: Altamonte Springs FL Zip Code: 32701

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 _____ 4/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, CLAIRE 3109 BELLINGHAM DR. ORLANDO, FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Curtis Stanley 3202 Holland Drive Orlando, FL 32825	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, BARBARA 3031 BELLINGHAM DR ORLANDO, FL 32825	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Howard Morris 3114 Holland Drive Orlando, FL 32825	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Vice President WILLIAMS, PATRICIA 3253 BELLINGHAM DR ORLANDO, FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary David Granger 3050 Bellingham Drive Orlando, FL 32825	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LIVINGSTON, FRED 10025 IAN ST ORLANDO, FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHUMATA, GLORIA 3303 HOLLAND DRIVE ORLANDO, FL 32825	☑ 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

Please Sign

REC'D _____
VENDOR # _____
ASSN # _____
MGR _____
DATE _____
TRANS # _____

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: _____ Hazem El-Assar 4/5/04 407-836-7866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #