

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90412 049 ****61.25

DOCUMENT # N01000001861

1. Entity Name
ANDOVER CAY HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**%ASSOCIATION MANAGEMENT GROUP OF CEN. FL
101 PARK PLACE BLVD., STE. 2
KISSIMMEE, FL 34741**

Mailing Address
**%ASSOCIATION MANAGEMENT GROUP OF CEN. FL
101 PARK PLACE BLVD., STE. 2
KISSIMMEE, FL 34741**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3672212

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

**ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL
ORIDA, INC.
101 PARK PLACE BLVD., STE. 2
KISSIMMEE, FL 34741**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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, 2006**

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 S/D
NAME SEXTON, JENNIFER
STREET ADDRESS 211 S. MAGNOLIA AVE.
CITY-ST-ZIP SANFORD, FL 32772 ☒ Delete

TITLE P
NAME Sal Farah
STREET ADDRESS 3206 Kingstown Ct
CITY-ST-ZIP Orlando FL 32825 ☐ Change ☒ Addition

TITLE D/P
NAME ISAACS, CLIFF
STREET ADDRESS 211 S. MAGNOLIA AVE.
CITY-ST-ZIP SANFORD, FL 32772 ☒ Delete

TITLE V
NAME Joly Rivera
STREET ADDRESS 12419 Cape Sound Cove
CITY-ST-ZIP Orlando FL 32825 ☐ Change ☒ Addition

TITLE D/T
NAME SCHOBBER, DONNA
STREET ADDRESS 211 S. MAGNOLIA AVE.
CITY-ST-ZIP SANFORD, FL 32772 ☒ Delete

TITLE T
NAME Ricardo Martins
STREET ADDRESS 13155 Heming Way
CITY-ST-ZIP Orlando FL 32825 ☐ Change ☒ Addition

TITLE D
NAME FRIX, RICHARD
STREET ADDRESS 211 S. MAGNOLIA AVE.
CITY-ST-ZIP SANFORD, FL 32772 ☒ Delete

TITLE S
NAME Jesus Solla
STREET ADDRESS 4411 Andover Cay Blvd
CITY-ST-ZIP Orlando FL 32825 ☐ Change ☒ Addition

TITLE D/V
NAME DIFEBBO, ANTHONY
STREET ADDRESS 211 S. MAGNOLIA AVE.
CITY-ST-ZIP SANFORD, FL 32772 ☒ 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 exemptions contained in Chapter 119, 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:

SAL FARAH

Date

Daytime Phone #

4/20/06 321-463-1911