


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90421 006 ****61.25

DOCUMENT # N50065					
1. Entity Name ANDOVER LAKES, PHASE 2 HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 5401 S. KIRKMAN ROAD SUITE 450 ORLANDO, FL 32819			Mailing Address 5401 S. KIRKMAN ROAD SUITE 450 ORLANDO, FL 32819		
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 59-3159818	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COMMUNITY MANAGEMENT PROF. INC. 5401 S. KIRKMAN RD. #450 ORLANDO, FL 32819			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. <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	DP	<input type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWBY, RON		NAME	Darryl Easter	
STREET ADDRESS	12009 PHILBROOK CT		STREET ADDRESS	3151 Mattison Dr	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	Orlando FL 32825	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMERINI, JOHN		NAME	Candy Aquino	
STREET ADDRESS	12032 RITZ COURT		STREET ADDRESS	3119 Eskine Dr	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	Orlando FL 32825	
TITLE	BT	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELSADO, KAREN		NAME	Egicito Mendez	
STREET ADDRESS	3344 MATTISON DRIVE		STREET ADDRESS	12012 Cheat Ct.	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	Orlando FL 32825	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHS, JENNIFER		NAME		
STREET ADDRESS	11046 FAIRHAVEN WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANONGE, DON		NAME		
STREET ADDRESS	3058 ST. AUGUSTINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Ron Newby</u> Ron Newby 4-18-06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	



01042006 Chg-NP CR2E037 (11/05)