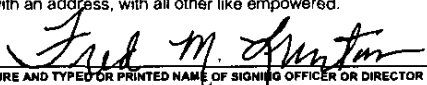


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90042 037 ****61.25

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|---|--|---------------------------|---|--|--|
| DOCUMENT # N94000003523 | | | |  | |
| 1. Entity Name ANDOVER LAKES, PHASE 3 HOMEOWNER'S ASSOCIATION, INC. | | | | | |
| Principal Place of Business BOYLE MGMT SERVICES INC 498 PALM SPRINGS DR., @235 ALTAMONTE SPRINGS, FL 32701 US | | | Mailing Address BOYLE MGMT SERVICES INC 498 PALM SPRINGS DR., @235 ALTAMONTE SPRINGS, FL 32701 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3285218 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BOYLE, JAMES 498 PALM SPRINGS DR. STE. 235 ALTAMONTE SPRINGS, FL 32701 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | 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 S NAME STANLEY, CURTIS STREET ADDRESS 3202 HOLLAND DR CITY-ST-ZIP ORLANDO, FL 32825 | <input checked="" type="checkbox"/> Delete | | TITLE Robin Shumate (S) NAME 3303 Holland Drive STREET ADDRESS Orlando, FL CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE VP NAME STANLEY, CURTIS STREET ADDRESS 3202 HOLLAND DR. CITY-ST-ZIP ORLANDO, FL 32825 | <input checked="" type="checkbox"/> Delete | | TITLE Director NAME Roger Phipps STREET ADDRESS 3006 Holland Drive CITY-ST-ZIP Orlando, FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE P NAME LIVINGSTON, FRED STREET ADDRESS 10025 IAN ST CITY-ST-ZIP ORLANDO, FL 32825 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE T NAME GRANGER, DAVID STREET ADDRESS 3050 BELLINGHAM DR. CITY-ST-ZIP ORLANDO, FL 32825 | <input checked="" type="checkbox"/> Delete | | TITLE Treasurer NAME Elvi Lord STREET ADDRESS 3000 Holland Drive CITY-ST-ZIP Orlando, FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE D NAME ANDERSON, BARBARA STREET ADDRESS 3031 BELLINGHAM CITY-ST-ZIP ORLANDO, FL 32825 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE Director NAME manuela Braswell STREET ADDRESS 3421 Bellingham Drive CITY-ST-ZIP Orlando FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:  Fred M. Livingston 321-689-5842 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |