
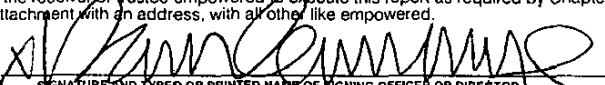


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State



02-18-2008 90005 008 ****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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address 5401 S. KIRKMAN ROAD SUITE 450 ORLANDO, FL 32819 Suite, Apt. #, etc. City & State Zip	
4. FEI Number 59-3159818		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROF. INC. 5401 S. KIRKMAN RD. #450 ORLANDO, FL 32819		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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	DP NEWBY, RON 12009 PHILBROOK CT ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Berto Henriquez 3206 GRASKINE DR. ORLANDO, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PALMERINI, JOHN 12032 RITZ COURT ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Debbie Vallellanez 3368 ERSKINE DR. ORLANDO, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AQUINO, CANDY 3119 ESSKINE DR ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR David Wilbor 2920 St. Augustine Dr. ORLANDO, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDEZ, EGIETO 12012 CHEAT CT ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Peter Lumsey FAI 3186 ERSKINE DR. ORLANDO, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANONGE, DON 3058 ST. AUGUSTINE DRIVE ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EASLER, DARRYL 3151 MATTSON DR ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input 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: 		Date: 1/30/08 Daytime Phone #: 407-852 3600	

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

40026484

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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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3159818	
Zip		Country		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWBY, RON		NAME	GARY WELCH	
STREET ADDRESS	12009 PHILBROOK CT		STREET ADDRESS	3145 MATTSON DR	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMERINI, JOHN		NAME		
STREET ADDRESS	12032 RITZ COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AQUINO, CANDY		NAME		
STREET ADDRESS	3119 ESKINE DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, EGIETO		NAME		
STREET ADDRESS	12012 CHEAT CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" 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	DT	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASLER, DARRYL		NAME		
STREET ADDRESS	3151 MATTSON DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		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: 		Date: 1.30.08		Daytime Phone #: 407 852 3600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	