2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006597

FILED Apr 11, 2008 Secretary of State

Entity Name: ANDOVER POINT HOMEOWNERS' ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business:

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779

New Mailing Address: Current Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

FEI Number: 01-0581258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 434 LONGWOOD, FL 32779 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD () Delete (X) Change () Addition PASALAGUA, RUTH HEILMAN, SCOTT Name: Name: 10343 ANDOVER POINT CIR Address: 10263 ANDOVER POINT CIR Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825

Title: STD () Delete Title: (X) Change () Addition

Name: SMITH, KAY Name: SMITH, KAY

Address: 10349 ANDOVER POINT CIR Address: 10349 ANDOVER POINT CIR City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825

Title: () Delete Title: TSD (X) Change () Addition

HERNANDEZ, JOSE Name: FIDUCIA, KYLE Name:

10408 ANDOVER POINT CIR Address: 10268 ANDOVER POINT CIR Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAY SMITH PD 04/11/2008