

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003523

FILED
Feb 24, 2009
Secretary of State

Entity Name: ANDOVER LAKES, PHASE 3 HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

BOYLE MGMT SERVICES INC
498 PALM SPRINGS DR., @235
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

BOYLE MGMT SERVICES INC
498 PALM SPRINGS DR., @235
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-3285218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLE, JAMES
498 PALM SPRINGS DR.
STE. 235
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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:

Title: S () Delete
Name: SHUMATE, ROBIN
Address: 3303 HOLLAND DR.
City-St-Zip: ORLANDO, FL 32825

Title: P () Delete
Name: LIVINGSTON, FRED
Address: 10025 IAN ST
City-St-Zip: ORLANDO, FL 32825

Title: T () Delete
Name: LORD, ELVI
Address: 3000 HOLLAND DR.
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: ANDERSON, BARBARA
Address: 3031 BELLINGHAM
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRED LIVINGSTON

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date