

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50065

FILED
Mar 26, 2010
Secretary of State

Entity Name: ANDOVER LAKES, PHASE 2 HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

5401 S. KIRKMAN ROAD
SUITE 450
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5401 S. KIRKMAN ROAD
SUITE 450
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3159818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROF. INC.
5401 S. KIRKMAN RD.
450
ORLANDO, FL 32819 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: P
Name: CANONGE, DON
Address: 3058 ST. AUGUSTINE DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: VP
Name: HENRIQUEZ, BERTO
Address: 3206 ERSKINE DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: D
Name: MOLINA, RAMON
Address: 3314 ERSKINE DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: S
Name: WILBUR, DAVID
Address: 2920 ST. AUGUSTINE DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: D
Name: VALLELLANEZ, DEBBIE
Address: 3368 ERSKINE DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: D
Name: HAGEN, KARY
Address: 11058 FAIRHAVEN WAY
City-St-Zip: ORLANDO, FL 32825

I hereby 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 all other like empowered.

SIGNATURE: DON CANONGE

P

03/26/2010

Electronic Signature of Signing Officer or Director

_____ Date