2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State
02-26-2003 90164 009 ****61.25

DOCUMENT # N94000003523

1. Entity Name

ANDOVER LAKES, PHASE 3 HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~3049 HOLLAND DR~~ ~~# 103~~ ~~ORLANDO FL 32817~~ US	PENN FIRST MANAGEMENT INC. 1813 NO. DEAN RD STE 103 ORLANDO FL 32817 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
PENN FIRST MANAGEMENT INC 1813 N.DEAN RD ORLANDO FL 32817	Suite, Apt. #, etc. City & State Zip / Country

4. FEI Number 59-3285218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PENN FIRST MANAGEMENT 1813 N. DEAN RD SUITE 103 ORLANDO,FL 32817	Name PENN FIRST MANAGEMENT INC Street Address 1813 N.DEAN RD City ORLANDO FL 32817 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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~~ ~~LORY, CHRISTOPHER~~ ~~3327 HOLLAND DRIVE~~ ~~ORLANDO FL 32825~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Claire Jones 3109 Bellingham Dr Orlando Fl 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DVP~~ ANDERSON, BARBARA 3031 BELLINGHAM DR ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, PATRICIA 3253 BELLINGHAM DR ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ LIVINGSTON, FRED 10025 IAN ST ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ SHUMATA, GLORIA 3303 HOLLAND DRIVE ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] REQUIRED 2-21-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR