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

Mailing Address

2180 WEST SR 434

3. Mailing Address

City & State

Zip

LONGWOOD FL 32779-5044

Suite, Apt. #, etc.

SUITE 5000

DOCUMENT # N50065

1. Entity Name

2180 WEST SR 434

SUITE 5000

Principal Place of Business

LONGWOOD FL 32779-5044

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

LONGWOOD FL 32779

ANDOVER LAKES, PHASE 2 HOMEOWNER'S ASSOCIATION, INC.



Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90205 012 ****61.25

FILED

TUUBDUBU

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3159818 Applied For Not Applicable

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W. J

SENTRY MANAGEMENT, INC.

2180 WEST SR 434, SUITE 5000

Street Address (P.O. Box Number is Not Acceptable)

City Zip Code

7. Name and Address of New Registered Agent

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.

Country

SIGNATURE .

Signature, typed or printed name of registered agent and title if applicable

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE **Delete** TITLE ☐ Change Addition LEROY JENKOT 3174 ERSKINE DR WAIT, JIM NAME NAME 2884 ST AUGUSTINE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 orlando, FL 32825 ☐ Delete Change ☐ Addition TITLE HENRIQUEZ, BERTO NAME NAME BERTO HENRIQUEZ 3206 ERSKINE DR 3206 ERSKINE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32825 CITY-ST-ZIP 32825 TITLE Delete ☐ Change ■ Addition LONDON, LEONARD NAME NAME STREET ADDRESS 2926 ST AUGUSTINE DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32825 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BENNETT, JUDY NAME NAME JUDY BENNETT STREET ADDRESS 3064 ST AUGUSTINE DR STREET ADDRESS 3064 ST. AUGUSTINE DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ORIANDO FL 32825 Delete TITLE Change ☐ Addition MALDONADO, LEIRA NAME NAME STREET ADDRESS 11256 CARABELEE CIR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32825 CITY-ST-7IP TITLE TIVD ☐ Delete TITLE Change Addition NAME KRELL, JIM NAME STREET ADDRESS 11008 FELTON CT STREET ADDRESS FELTON CT OO FL 32825 11008 CITY-ST-ZIP ORLANDO FL 32825 CITY-ST-7IP DRLANDO

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: >

SWNATURE HEQUIPED.

Henriquez

x 04, 01.2003

592-7100

CR2E037 (10/C