

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90205 012 ****61.25

DOCUMENT # N50065

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



Principal Place of Business
**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044**

Mailing Address
**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044**

10083388



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3159818**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HART, JAMES W. J
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip 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 _____ (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	PD	<input checked="" type="checkbox"/> Delete
NAME	WAIT, JIM	
STREET ADDRESS	2884 ST AUGUSTINE DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	H	<input type="checkbox"/> Delete
NAME	HENRIQUEZ, BERTO	
STREET ADDRESS	3206 ERSKINE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LONDON, LEONARD	
STREET ADDRESS	2926 ST AUGUSTINE DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	H	<input type="checkbox"/> Delete
NAME	BENNETT, JUDY	
STREET ADDRESS	3064 ST AUGUSTINE DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MALDONADO, LEIRA	
STREET ADDRESS	11256 CARABEELE CIR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	H	<input type="checkbox"/> Delete
NAME	KRELL, JIM	
STREET ADDRESS	11008 FELTON CT	
CITY-ST-ZIP	ORLANDO FL 32825	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEROY JENKOT	
STREET ADDRESS	3174 ERSKINE DR	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTO HENRIQUEZ	
STREET ADDRESS	3206 ERSKINE DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDY BENNETT	
STREET ADDRESS	3064 ST. AUGUSTINE DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TJVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM KRELL	
STREET ADDRESS	11008 FELTON CT	
CITY-ST-ZIP	ORLANDO FL 32825	

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: **X** **Berto Henriquez** **04.01.2003** **592-7100**

CR2E037 (10/02)