

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30634

Entity Name: ANDOVER PLACE OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6960 BONNEVAL ROAD
SUITE 302
JACKSONVILLE, FL 32216**Current Mailing Address:**6960 BONNEVAL ROAD
SUITE 302
JACKSONVILLE, FL 32216 US**FEI Number:** 59-2966507**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BALASKIEWICZ, KIM
6960 BONNEVAL ROAD
SUITE 302
JACKSONVILLE, FL 32216 US*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**Officer/Director Detail :**

Title	PD
Name	ARMSTRONG, MURRAY
Address	6960 BONNEVAL ROAD SUITE 302
City-State-Zip:	JACKSONVILLE FL 32216

Title	VPD
Name	MAY, JUDY
Address	6960 BONNEVAL ROAD SUITE 302
City-State-Zip:	JACKSONVILLE FL 32216

Title	TD
Name	PALMES, LINDA
Address	6960 BONNEVAL ROAD SUITE 302
City-State-Zip:	JACKSONVILLE FL 32216

Title	SD
Name	BALDWIN, WILLIAM
Address	6960 BONNEVAL ROAD SUITE 302
City-State-Zip:	JACKSONVILLE FL 32216

Title	D
Name	FALCH, HELEN
Address	6960 BONNEVAL ROAD SUITE 302
City-State-Zip:	JACKSONVILLE FL 32216

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: MURRAY ARMSTRONG**PRESIDENT****04/01/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date