

2017 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:**MADISON PROPERTY MANAGEMENT SOLUTIONS, LLC
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:** KIM BALASKIEWICZ

04/22/2017

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 TERJESEN, MERETA
Address 6960 BONNEVAL ROAD
SUITE 302
City-State-Zip: JACKSONVILLE FL 32216

Title D
Name RICHARDS, JEAN
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

04/22/2017

Electronic Signature of Signing Officer/Director Detail

Date