

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50065

**FILED
Mar 20, 2019
Secretary of State
9815329872CC****Entity Name:** ANDOVER LAKES, PHASE 2 HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**4700 MILLENIA BLVD
SUITE 515
ORLANDO, FL 32839**Current Mailing Address:**4700 MILLENIA BLVD
SUITE 515
ORLANDO, FL 32839**FEI Number: 59-3159818****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASSOCIA/COMMUNITY MANAGEMENT PROFESSIONALS, INC.
4700 MILLENIA BLVD
SUITE 515
ORLANDO, FL 32839 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: MARC RODRIGUEZ****03/20/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	MOLINA, RAMON
Address	4700 MILLENIA BLVD. STE. 515
City-State-Zip:	ORLANDO FL 32839

Title	DIRECTOR
Name	ROJAS, LUCIA
Address	4700 MILLENIA BLVD. STE. 515
City-State-Zip:	ORLANDO FL 32839

Title	SECRETARY
Name	DORITY, LARRY
Address	4700 MILLENIA BLVD SUITE 515
City-State-Zip:	ORLANDO FL 32839

Title	PRESIDENT
Name	LEITE, NILSA
Address	4700 MILLENIA BLVD SUITE 515
City-State-Zip:	ORLANDO FL 32839

Title	TREASURER
Name	HAYNES, SHEILA
Address	4700 MILLENIA BLVD STE 515
City-State-Zip:	ORLANDO FL 32839

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: NILSA LEITE**PRESIDENT****03/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date