

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50065

**Entity Name:** ANDOVER LAKES, PHASE 2 HOMEOWNER'S ASSOCIATION, INC.**FILED**  
**Mar 20, 2019**  
**Secretary of State**  
**9815329872CC****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