## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50065

Entity Name: ANDOVER LAKES, PHASE 2 HOMEOWNER'S ASSOCIATION,

INC.

**FILED** Mar 07, 2017 **Secretary of State** CC2296736444

## **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 03/07/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title

BROCK, LARRY FRANKENFIELD, MARK A Name Name

Address 4700 MILLENIA BLVD. STE. 515 Address 4700 MILLENIA BLVD. STE. 515

City-State-Zip: ORLANDO FL 32839 City-State-Zip: ORLANDO FL 32839

Title VΡ Title **SECRETARY** 

LEITE, NILSA Name BENNETT, JUDITH Name 4700 MILLENIA BLVD Address Address 4700 MILLENIA BLVD

**SUITE 515 SUITE 515** 

City-State-Zip: ORLANDO FL 32839 City-State-Zip: ORLANDO FL 32839

Title **TREASURER** Name REYES, ERICA

4700 MILLENIA BLVD Address

STE 515

ORLANDO FL 32839 City-State-Zip:

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.