

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50065

FILED
Mar 10, 2015
Secretary of State
CC0249798933

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: SUZAN KEARNS

03/10/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name FRANKENFIELD, MARK A
Address 4700 MILLENIA BLVD. STE. 515
City-State-Zip: ORLANDO FL 32839

Title VP
Name HUTTON, ANTHONY J
Address 4700 MILLENIA BLVD. STE. 515
City-State-Zip: ORLANDO FL 32839

Title D
Name BROCK, LARRY
Address 4700 MILLENIA BLVD. STE. 515
City-State-Zip: ORLANDO FL 32839

Title SECRETARY
Name BENNETT, JUDITH T
Address 4700 MILLENIA BLVD
SUITE 515
City-State-Zip: ORLANDO FL 32839

Title TREASURER
Name EASLER, DARRYL
Address 4700 MILLENIA BLVD
SUITE 515
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR
Name WAIT, CYNTHIA L
Address 4700 MILLENIA BLVD
SUITE 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: MARK FRANKENFIELD

PRESIDENT

03/10/2015

Electronic Signature of Signing Officer/Director Detail

Date