## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50065

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

INC.

FILED
Apr 16, 2021
Secretary of State
3025134784CC

## **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 04/16/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitleVPTitleDIRECTORNameMOLINA, RAMONNameROJAS, LUCIA

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
 SECRETARY
 Title
 PRESIDENT

 Name
 DORITY, LARRY
 Name
 LEITE , NILSA

Address 4700 MILLENIA BLVD Address 4700 MILLENIA BLVD

SUITE 515 SUITE 515

City-State-Zip: ORLANDO FL 32839 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 04/16/2021