

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003523

Entity Name: ANDOVER LAKES, PHASE 3 HOMEOWNER'S ASSOCIATION, INC.**FILED**
Mar 15, 2015
Secretary of State
CC7452732497**Current Principal Place of Business:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779**Current Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US**FEI Number: 59-3285218****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 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: JAMES W HART JR****03/15/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT, DIRECTOR
Name LIVINGSTON, FRED
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** VP, DIRECTOR
Name SHUMATE, ROBIN
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** DIRECTOR
Name BRASWELL, MANUELA
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** DIRECTOR
Name ANDERSON, BARBARA
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** SECRETARY, TREASURER,
DIRECTOR
Name TRUHLAR, PATRICK
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

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: FRED LIVINGSTON**PRESIDENT****03/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date