


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000001861 1. Entity Name ANDOVER CAY HOMEOWNER'S ASSOCIATION, INC.			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 AUG -3 PM 3:06
Principal Place of Business 165 W SR 434 WINTER SPRINGS, FL 32708		Mailing Address P.O. BOX 915322 LONGWOOD, FL 32791-5322	
2. Principal Place of Business 211 S. Magnolia Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1596 Suite, Apt. #, etc.	
City & State SANFORD, FL		City & State SANFORD, FL	
Zip 32771		Zip 32772-1596	
Country US		Country US	
4. FEI Number 59-3672212		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL ASSOC MANAGEMENT CO 165 W SR 434 WINTER SPRINGS, FL 32708		7. Name and Address of New Registered Agent Name Premier Property Management of Central, FL Inc Street Address (P.O. Box Number is Not Acceptable) 211 S. Magnolia Ave City SANFORD FL Zip Code 32771	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Shirce N. Halbrook <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 7/8/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, MARITZA 3214 BREAILERS WAY ORLANDO, FL 32825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ISAACS, CLIFF 3004 TORTUGA CT ORLANDO, FL 32825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHOBER, DONNA 4042 ANDOVER CAY BLVD ORLANDO, FL 32825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIX, RICHARD 12930 GRAND BANK LN ORLANDO, FL 32825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DiFebbo, Anthony 211 S. Magnolia Ave SANFORD, FL 32772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500040251725 08/17/04--01059--024 **61.25	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Maritza Morris <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 7/27/04 <small>Date</small>	