2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90412 049 ****61.25

DOCUMENT # N01000001861

1. Entity Name
ANDOVER CAY HOMEOWNER'S ASSOCIATION, INC.

400596 70

Principal Place of Business	Mailing Address
%ASSOCIATION MANAGEMENT GROUP OF CEN. FL 101 PARK PLACE BLVD., STE. 2 KISSIMMEE, FL 34741	%ASSOCIATION MANAGEMENT GROUP OF CEN. FL 101 PARK PLACE BLVD., STE. 2 KISSIMMEE, FL 34741

01302006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3672212 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL ORIDA, INC. 101 PARK PLACE BLVD., STE. 2 KISSIMMEE, FL 34741	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	S/D SEXTON, JENNIFER 211 S. MAGNOLIA AVE. SANFORD, FL 32772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Sal Farah 3206 Kingstown Ct Orlando FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P ISAACS, CLIFF 211 S. MAGNOLIA AVE. SANFORD, FL 32772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Jdy Rivera 12419 Cape Sound Cove Orlando FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T SCHOBER, DONNA 211 S. MAGNOLIA AVE. SANFORD, FL 32772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Ricardo Martins 13155 Heming Way Orlando FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIX, RICHARD 211 S. MAGNOLIA AVE. SANFORD, FL 32772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Jesus Solla 4411 Andover Cay Blvd Orlando FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP DIFEBBO, ANTHONY 211 S.MAGNOLIA AVE. SANFORD, FL 32772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sal Farah 4/20/06 321-663-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #