

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001861

FILED
Feb 07, 2012
Secretary of State

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

Current Principal Place of Business:

%ASSOCIATION MANAGEMENT GROUP OF CEN. FL
101 PARK PLACE BLVD., STE. 2
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

%ASSOCIATION MANAGEMENT GROUP OF CEN. FL
101 PARK PLACE BLVD., STE. 2
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3672212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL
ORIDA, INC.
101 PARK PLACE BLVD., STE. 2
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: SOLLA, JESUS
Address: 101 PARK PLACE BLVD., SUITE 2
City-St-Zip: KISSIMMEE, FL 34741

Title: D
Name: MOORE, ROB
Address: 101 PARK PLACE BLVD., SUITE 2
City-St-Zip: KISSIMMEE, FL 34741

Title: PRES
Name: MARCO, DIBENEDATTO
Address: 101 PARK PLACE BLVD., SUITE 2
City-St-Zip: KISSIMMEE, FL 34741

Title: T/S
Name: DONGHUI, WU
Address: 101 PARK PLACE BLVD., SUITE 2
City-St-Zip: KISSIMMEE, FL 34741

Title: D
Name: RICHARD, FRIX
Address: 101 PARK PLACE BLVD., SUITE 2
City-St-Zip: KISSIMMEE, FL 34741

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: MARCO DIBENEDATTO

PRES

02/07/2012

Electronic Signature of Signing Officer or Director

Date