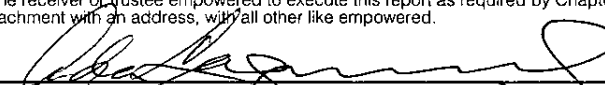


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90029 029 ****61.25

DOCUMENT # N01000006597 1. Entity Name ANDOVER POINT HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business : ATTWOOD-PHILLIPS INC., 1350 ORANGE AVE, STE. 100 WINTER PARK, FL 32789			Mailing Address ATTWOOD-PHILLIPS INC. 1350 ORANGE AVE, STE. 100 WINTER PARK, FL 32789		
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 APPLIED FOR				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		
PHILLIPS, ROGER ATTWOOD-PHILLIPS INC. 1350 ORANGE AVE, STE. 100 WINTER PARK, FL 32789			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, 2004		9. Election Campaign Financing ☐ Trust Fund Contribution		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☒ Delete	TITLE	P ☐ Change ☒ Addition	
NAME	PALMER, PAUL C JR		NAME	Ada La Guardia	
STREET ADDRESS	7053 UNIVERSITY BLVD.		STREET ADDRESS	10137 Andover Point CR	
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP	Orlando, FL 32825	
TITLE	D	☒ Delete	TITLE	VD ☐ Change ☒ Addition	
NAME	PALMER, RODNEY W		NAME	Moley, Dual	
STREET ADDRESS	7053 UNIVERSITY BLVD.		STREET ADDRESS	10113 Andover Point Circle	
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP	Orlando, FL 32825	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PALMER, JOHN B		NAME		
STREET ADDRESS	7053 UNIVERSITY BLVD.		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Date 3/2/2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		