

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012601

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** ANDOVER HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.

**Current Principal Place of Business:**

3020 S. FLORIDA AVE.  
STE 101  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

3020 S. FLORIDA AVE.  
STE 101  
LAKELAND, FL 33803

**New Mailing Address:**

FEI Number: 20-8030509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADAMS, D. JOEL  
3020 S. FLORIDA AVE.  
STE 101  
LAKELAND, FL 33803 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: PD ( ) Delete  
Name: ADAMS, D. JOEL  
Address: 3020 S. FLORIDA AVE. STE 101  
City-St-Zip: LAKELAND, FL 33803

Title: VD ( ) Delete  
Name: ADAMS, ROBERT J  
Address: 3020 S. FLORIDA AVE. STE 101  
City-St-Zip: LAKELAND, FL 33803

Title: STD ( ) Delete  
Name: LINDSEY, GEORGE M III  
Address: 3020 S. FLORIDA AVE. STE 101  
City-St-Zip: LAKELAND, FL 33803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: D. JOEL ADAMS

DP

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date