


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90114 015 ****61.25

DOCUMENT # N30634 1. Entity Name ANDOVER PLACE OWNERS ASSOCIATION, INC.					
Principal Place of Business 11512 LAKE MEAD AVENUE - SUITE 405 JACKSONVILLE, FL 32256 US				Mailing Address 7643 GATE PARKWAY - SUITE 104 PMB 188 JACKSONVILLE, FL 32256	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2966507	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BALASKIEWICZ, KIM 11512 LAKE MEAD AVENUE - SUITE 405 JACKSONVILLE, FL 32256				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD SHELLY, KAREN 3548 WOODWARDS COVE CT JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shelly, Karen 3548 Woodwards Cove Ct Jacksonville, FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, JENNIFER 11218 LAKE MANDARIN CIR E JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D martin, Jennifer 11218 Lake mandarin Circle E Jacksonville, FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTIN, REBECCA 3555 WOODWARDS COVE CT JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D martin, Rebecca 3555 Woodwards Cove Ct. Jacksonville, FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARMSTRONG, MURRAY 11241 LAKE MANDARIN CIR E JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Armstrong, murray 11241 Lake mandarin Circle E. Jacksonville, FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kim Balaskiewicz **Kim Balaskiewicz** **4-10-08** **904-641-1858**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

PROPERTY Mgr.