2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N30634 1. Entity Name ANDOVER PLACE OWNERS ASSOCIATION, INC.				26h	4-24-2008 90114 ()15 ****61	.25
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				18/18 8/18 1/11 BIBL FIFN BIBL			
Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address		1 (61(0)) 110 (11)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04102008 CI	hg-NP CR2E	(037 (12/06)	
City & State		City & State		4. FEI Number 59-296650)7		pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add	ditional
	6. Name and Address of Current Re	gistered Agent		7. Name and Add	ress of New Registered	d Agent	
BALASKIEWICZ, KIM 11512 LAKE MEAD AVENUE - SUITE 405 JACKSONVILLE, FL 32256			Name Street Add				
			City	,	F	L Zip Cod	le
8. The above the obligate SIGNATURE		ne purpose of changing its r	registered office or re	registered agent, or both, in	the State of Florida. I ar	m familiar with,	and accept
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature	e required when reinstating)	DATE	E	
	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	Make che	ck payable t	
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make che	ck payable t artment of S	tate '
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make che Fiorida Dep ES TO OFFICERS AND I	ck payable to artment of Since CTORS IN Change	tate '
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2. I needy 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:

SIGNATURE AND TYPED OR PRINTED HANDS OF BIGHING OFFICER OR DIRECTOR

POR OF ATTA IN

U-10-08 904-041-185