

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30634

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: ANDOVER PLACE OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

11512 LAKE MEAD AVENUE - SUITE 405  
JACKSONVILLE, FL 32256 US

## New Principal Place of Business:

11512 LAKE MEAD AVENUE  
SUITE 405  
JACKSONVILLE, FL 32256 US

## Current Mailing Address:

7643 GATE PARKWAY - SUITE 104  
PMB 188  
JACKSONVILLE, FL 32256

## New Mailing Address:

7643 GATE PARKWAY  
SUITE 104 PMB 188  
JACKSONVILLE, FL 32256

FEI Number: 59-2966507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BALASKIEWICZ, KIM  
11512 LAKE MEAD AVENUE - SUITE 405  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

BALASKIEWICZ, KIM  
11512 LAKE MEAD AVENUE  
SUITE 405  
JACKSONVILLE, FL 32256 US

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:

04/06/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHELLY, KAREN  
Address: 3548 WOODWARDS COVE CT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: MARTIN, JENNIFER  
Address: 11218 LAKE MANDARIN CIR E  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: MARTIN, REBECCA  
Address: 3555 WOODWARDS COVE CT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: ARMSTRONG, MURRAY  
Address: 11241 LAKE MANDARIN CIR E  
City-St-Zip: JACKSONVILLE, FL 32223

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ARMSTRONG, MURRAY  
Address: 7643 GATE PKWY, SUITE 104 PMB 188  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP (X) Change ( ) Addition  
Name: TERJESEN, MERETA  
Address: 7643 GATE PKWY, SUITE 104 PMB 188  
City-St-Zip: JACKSONVILLE, FL 32256

Title: T (X) Change ( ) Addition  
Name: KOCH, ALAN  
Address: 7643 GATE PKWY, SUITE 104 PMB188  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S (X) Change ( ) Addition  
Name: FARY, LINDA  
Address: 7643 GATE PKWY, SUITE 104 PMB 188  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Change (X) Addition  
Name: FALCH, HELEN  
Address: 7643 GATE PKWY, SUITE 104 PMB 188  
City-St-Zip: JACKSONVILLE, FL 32256

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: KIM BALASKIEWICZ

MGR

04/06/2009

Electronic Signature of Signing Officer or Director

Date