

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90004 020 ****61.25

DOCUMENT # N44610

1. Entity Name
**ANDOVER LAKES, PHASE I HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**52 EAST SOUTH STREET
ORLANDO, FL 32801 US**

Mailing Address
**52 EAST SOUTH STREET
ORLANDO, FL 32801 US**

50020474



2. Principal Place of Business

1801 Cook Avenue
Suite, Apt. #, etc.

3. Mailing Address

1801 Cook Avenue
Suite, Apt. #, etc.

04282006 Chg-NP CR2E037 (4/06)

City & State

Orlando Florida

City & State

Orlando Florida

4. FEI Number
59-3105630

Applied For
Not Applicable

Zip
32806

Country
Orange

Zip
32806

Country
Orange

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DON ASHER & ASSOCIATES, INC.
52 EAST SOUTH STREET
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AGUILAR, RICARDO	
STREET ADDRESS	3120 CAMBRIA CT	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MUNFUS, DAVID	
STREET ADDRESS	3237 SCALLION CT.	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALDROP, ALAN	
STREET ADDRESS	11011 FAIRHAVEN WAY	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEATHERHOLT, PAUL	
STREET ADDRESS	10567 FAIRHAVEN WAY	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOBBITT, CHAD	
STREET ADDRESS	10736 PALISEAU CT.	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jackie Kemper	
STREET ADDRESS	10750 Fairhaven way	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Kinney	
STREET ADDRESS	3101 Benham Court	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mayra Vega	
STREET ADDRESS	2926 Afton Circle	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #