

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90246 026 ****61.25

DOCUMENT # N44610

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



Principal Place of Business
**1801 COOK AVE
ORLANDO, FL 32806 US**

Mailing Address
**1801 COOK AVE
ORLANDO, FL 32806 US**

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

04152008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3105630

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DON ASHER & ASSOCIATES, INC.
1801 COOK AVENUE
ORLANDO, FL 32806**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 ☐ Delete

NAME **KEMPER, JACKIE**
STREET ADDRESS **10750 FAIRHAVEN WAY**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE ☐ Delete

NAME **KING, HENRY**
STREET ADDRESS **10945 NORCROSS CIR**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE ☒ Delete

NAME **VEGA, MAYRA**
STREET ADDRESS **2926 AFTON CIR**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME **Treasurer
Kemper, Jackie**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **President
King, Henry**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME **Secretary
Fountain, Anne**
STREET ADDRESS **10701 Fairhaven Way**
CITY-ST-ZIP **Orlando, FL 32825**

TITLE ☐ Change ☒ Addition

NAME **VP
Davis-Wilner, Jeanne**
STREET ADDRESS **10927 Fairhaven Way**
CITY-ST-ZIP **Orlando, FL 32825**

TITLE ☐ Change ☒ Addition

NAME **Director
Metsala, Pat**
STREET ADDRESS **10555 Fairhaven Way**
CITY-ST-ZIP **Orlando, FL 32825**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/08 (40)
7373**

Date Daytime Phone #