2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 18, 2008 8:00 am Secretary of State DOCUMENT # N50065 02-18-2008 90005 008 ****61.25 ANDÓVER LAKES, PHASE 2 HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 5401 S. KIRKMAN ROAD 5401 S. KIRKMAN ROAD SUITE 450 SUITE 450 ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Cho-NP CR2E037 (12/06) 4. FEI Number 59-3159818 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COMMUNITY MANAGEMENT PROF. INC. Street Address (P.O. Box Number is Not Acceptable) 5401 S. KIRKMAN RD. #450 ORLANDO, FL 32819 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DP **J**Oelete TITLE Addition TITLE Bento Henriquez 3206 ERSKINE DR. NEWBY, RON NAME NAME 12009 PHILBROOK CT STREET ADDRESS STREET ADDRESS OR ANDO, F1 32825 CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-7IP Secretary Debbie VAllellanez Addition TITLE Delete TITLE Change PALMERINI, JOHN NAME NAME STREET ADDRESS 12032 RITZ COURT STREET ADDRESS 3368 ERSKINEDR. CITY-ST-ZIP. ORLANDO, FL 32825 CITY-SI-ZIP OR-LANDO, Fl. 32825 Addition TITLE Delete TITLE Change Director AQUINO, CANDY NAME NAME 2920 St. Augustine DR. 3119 ESSKINË DR STREET ADDRESS STREET ADDRESS ONLANDO. FY. 32825 ORLANDO, FL 32825 CITY-ST-ZIP CITY-ST-ZIP TITLE **Z**'Delete Director ☐ Change Addition MENDEZ, EGIETO NAME NAME PETER LUMSEY FAI STREET ADDRESS 12012 CHEAT CT STREET ADDRESS 3186 ENKINE ORLANDO, FL 32825 CITY-ST-21P CITY-ST-ZIP Delete TITLE hange TITLE Addition CANONGE, DON NAME NAME 3058 ST. AUGUSTINE DRIVE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32825 CITY-ST-ZIP CITY-ST-ZIP ĐŦ-TREASURER TITLE ☐ Delete TITLE Change ☐ Addition EASLER, DARRYL NAME NAME 3151 MATTSON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 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 rustee 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:

FILED

407-852 3600

Daytime Phone #

Date

2008 NOT-FOR-PROFIT CORPORATION

ATTACHARMS

ANNUAL REPURT							ALIACHMENT			
DOCUMENT # N50065 1. Entity Name ANDOVER LAKES, PHASE 2 HOMEOWNER'S ASSOCIATION, INC.							•		••	
Principal Place of Business 5401 S. KIRKMAN ROAD SUITE 450 ORLANDO, FL 32819			Mailing Address 5401 S. KIRKMAN ROAD SUITE 450 ORLANDO, FL 32819				ילפולי	2648	rif	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				HOU	xy+c	>7	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01082008 Chg	-NP CR28	E037 (12/06)	
City & State			City & State				4. FEI Number 59-3159818			plied For t Applicable
Zip	Country	Zip	Zip Coul			5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent			
COMMUNITY MANAGEMENT PROF. INC. 5401. S. KIRKMAN RD. #450 ORLANDO, FL 32819					Name Street Address (P.O. Box Number is Not Acceptable)					
					City		<u> </u>		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										
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Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Fi Trust Fund Contribution							\$5.00 May Be Added to Fees		eck payable to partment of St	
10.	OFFICERS AND D	DIRECTORS	f.	11.		Α	DDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	10
TITLE	DP		Oglete	TITLE			eeton 1		Change	Addition
NAME	NEWBY, RON		/ -	NAM		GAN	ey welch	~		, ,
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TITLE	DVP		- 	_		OA	-IANDO, F	1.3282		E Anger
NAME	PALMERINI, JOHN		Delete	TITLE					☐ Change	Addition
STREET ADDRESS	12032 RITZ COURT			STRE	ET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32825			CITY-	·ST-ZIP					
TITLE	DS		DX Belete	TITLE				-	☐ Change	Addition
NAME STREET ADDRESS	AQUINO, CANDY 3119 ESSKINE DR			NAME	ET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32825		\		-ST-ZIP					
TITLE	D		Delete	TITLE	· · · · · · ·				Change	☐ Addition
NAME	MENDEZ, EGIETO		/	NAME	:				villings	
STREET ADDRESS CITY-ST-ZIP	12012 CHEAT CT		•		ET ADDRESS					ı
TITLE	ORLANDO, FL 32825				ST-ZIP	Oo o	(· l n · l		<u> </u>	
NAME	CANONGE, DON		L Delete	TITLE		rice:	siden+		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	3058 ST. AUGUSTINE DRIVE ORLANDO, FL 32825				ET ADDRESS ST-ZIP					
TITLE	DT		☐ Delete	TITLE		TRE	ASURER		X hange	Addition
NAME Street address	EASLER, DARRYL 3151 MATTSON DR			NAME		••				
CITY-ST-ZIP	ORLANDO, FL 32825				ST-ZIP					ĺ
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SIGNATURE:										