

FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003523 (7)**
1. Corporation Name

ANDOVER LAKES, PHASE 3 HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 2269 LEE ROAD SUITE 101 WINTER PARK FL 32789-1866	Mailing Address 2269 LEE ROAD SUITE 101 WINTER PARK FL 32789-1866
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3. Date Incorporated or Qualified 07/18/1994		
4. FEI Number 59-3285218	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 229 PASADENA PLACE	2a. Mailing Address 26 P.O. MAIL BOX 235		
Suite, Apt. #, etc. 22 100	Suite, Apt. #, etc. 27		
City & State 23 ORLANDO FL	City & State 28 ORLANDO, FLA		
Zip 24 32803	Country 25 USA	Zip 29 32803	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MOSELER, JOHN A
2269 LEE RD.
SUITE 101
WINTER PARK FL 32789-1866**

10. Name and Address of New Registered Agent

81 Name JACK B. HANSON	
82 Street Address (P.O. Box Number is Not Acceptable) 229 PASADENA PLACE	
83 SUITE 100	
84 City ORLANDO	85 Zip Code FL 32803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **JACK B. HANSON COM. MGR. 6/8/98**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input checked="" type="checkbox"/>
NAME	MOSELER, JOHN A	
STREET ADDRESS	2269 LEE RD., STE. 101	
CITY-ST-ZIP	WINTER PARK FL 32789-1866	
TITLE	DV	<input type="checkbox"/>
NAME	BOSCHMANS, ERIC F	
STREET ADDRESS	2269 LEE RD., STE. 101	
CITY-ST-ZIP	WINTER PARK FL 32789-1866	
TITLE	DST	<input type="checkbox"/>
NAME	PETRY, VERONICA M	
STREET ADDRESS	2269 LEE RD., STE. 101	
CITY-ST-ZIP	WINTER PARK FL 32789-1866	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	KAROLINE MATTHAI		
1.3 STREET ADDRESS	229 PASADENA PLACE 100		
1.4 CITY-ST-ZIP	ORLANDO, FLA 32803		
2.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	RALPH SMITH, JR.		
2.3 STREET ADDRESS	229 PASADENA PLACE 100		
2.4 CITY-ST-ZIP	ORLANDO, FLA 32803		
3.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	TED CROCKER		
3.3 STREET ADDRESS	229 PASADENA PLACE		
3.4 CITY-ST-ZIP	ORLANDO, FLA 32803		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]* **6/22/98 407-839-0083**

CR2E037 (10/97)