

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90057 025 ****61.25

DOCUMENT # N94000003523

1. Entity Name

ANDOVER LAKES, PHASE 3 HOMEOWNER'S ASSOCIATION.

Principal Place of Business

Mailing Address

1416 CONCORD ST., E
 ORLANDO FL 32803
 US

P.O. BOX 531010
 ORLANDO FL 32853-1010
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3285218

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~THE MELROSE MGMT., GRP.~~
 1416 CONCORD ST., E
 ORLANDO FL 32803

The Melrose Corporation

Street Address (P.O. Box Number is Not Acceptable)

1416 Concord Street East

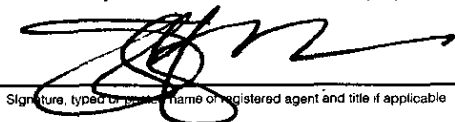
Orlando

FL

32803

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.

SIGNATURE



Jack B. Hanson

4-26-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D MATTHAI, KAROLINE**
 STREET ADDRESS **385 DOUGLAS AVE., STE 2000**
 CITY-ST-ZIP **ALTAMONTE SPGS FL 32714**

TITLE Change Addition
 NAME *Don Kaiser*
 STREET ADDRESS *385 Douglas Ave., Ste. 2000*
 CITY-ST-ZIP *Altamonte Springs FL 32714*

TITLE Delete
 NAME **D SMITH, JR. R**
 STREET ADDRESS **385 DOUGLAS AVE., STE 2000**
 CITY-ST-ZIP **ALTAMONTE SPGS FL 32714**

TITLE Change Addition
 NAME *James Makransky*
 STREET ADDRESS *same as above*
 CITY-ST-ZIP

TITLE Delete
 NAME **D CROCKER, TED**
 STREET ADDRESS **385 DOUGLAS AVE., STE 2000**
 CITY-ST-ZIP **ALTAMONTE SPGS FL 32714**

TITLE Change Addition
 NAME *Kirstin Stapleton*
 STREET ADDRESS *same as above*
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 REQUIRED Makransky

4/28/00 (407) 661-2174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)