

N94000003523

Requester's Name

PENN FIRST-MANAGEMENT, INC.
453 MARK TWAIN BLVD.
ORLANDO, FLORIDA 32828

City/State/Zip

Phone #

(407) 282-9988

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____ (Corporation Name) _____ (Document #) 400003382354-7
-09/13/00-01096-007
*****35.00 *****35.00
- 2. _____ (Corporation Name) _____ (Document #)
- 3. _____ (Corporation Name) _____ (Document #)
- 4. _____ (Corporation Name) _____ (Document #)

- Walk in Pick up time _____
- Mail out Will wait Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 29 AM 9:34

Manager authorized to correct old R.A. and type President's name and title.

CR2E031(7/97)

R. A. Charge

Examiner's Initials LPS

9-28-2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 20, 2000

PENN FIRST MANAGEMENT, INC.
453 Mark Twain Blvd.
Orlando, FL 32828

SUBJECT: ANDOVER LAKES, PHASE 3 HOMEOWNER'S ASSOCIATION,
INC.
Ref. Number: N94000003523

We have received your document for ANDOVER LAKES, PHASE 3 HOMEOWNER'S ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document should be signed by an officer in the corporation.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 900A00049824

RECEIVED
00 SEP 27 AM 8:25
DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: ANDOVER LAKES PHASE 3 HOMEOWNER'S ASSOCIATION INC.

2. The mailing address of the corporation is: 453 MARK TWAIN BLVD - ORLANDO - FL 32828

3. Date of incorporation/qualification: 7-18-1994 Document number: 9400003523(7)

4. The name and address of the current registered agent and office:

THE MELROSE MGMT., GROUP
1416 Concord Street, East
Orlando, FL 32803

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 29 AM 9:34

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

LAWRENCE M. SHEELER
453 MARK TWAIN BLVD
ORLANDO FL 32828

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Carmen Fuller
(Signature of an officer, chairman or vice chairman of the board)

9/25/00
(Date)

Carmen Fuller, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Lawrence M. Sheeler
(Signature of Registered Agent)

8/29/00
(Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

*** FILING FEE: \$35.00 ***