2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State
04-26-2001 90122 021 ****61.25
08-07-2001 90002 004 ****61.25

DOCUMENT # N94000003523

1. Entity Name

ANDOVER LAKES, PHASE 3 HOMEOWNER'S ASSOCIATION,

Principal Place of Business	Mailing Address
~~453 MARK TWAIN BLVD.~~ 3043 Holland Dr ~~ORLANDO FL 32828~~ Orlando, FL 32825 ~~US~~	~~P.O. BOX 521010~~ ~~ORLANDO FL 32853-1010~~ P.O. Box 5709 Orlando, FL 32857-0996 ~~US~~

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3285218 ☐ Applied For ☐ Not Applicable

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
SHEELER, LAWRENCE M. 453 MARK TWAIN BLVD. ORLANDO FL 32828	Name: Carmen Fuller Street Address (P.O. Box Number is Not Acceptable): 3043 Holland Dr City: Orlando FL Zip Code: 32825

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: [signature] 08/03/01
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
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATTHAI, KAROLINE 385 DOUGLAS AVE., STE 2000 ALTAMONTE SPGS FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carmen Fuller 3043 Holland Dr Orlando, FL 32825	☒ Change ☐ Addition (President)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, JR. R 385 DOUGLAS AVE., STE 2000 ALTAMONTE SPGS FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Earl Miller 3114 Natoma Way Orlando, FL 32825	☒ Change ☐ Addition (Vice President)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROCKER, TED 385 DOUGLAS AVE., STE 2000 ALTAMONTE SPGS FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tara Crosby 3284 Bellingham Dr. Orlando, FL 32825	☒ Change ☐ Addition (Secretary Treasurer)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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] 08.03.01 (407) 346.5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #