FILED
Jun 30, 2002 8:00 am
Secretary of State
05-09-2002 90092 032 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000003523

1. Entity Name

Andover Lakes Ph 3 Homeowners Assn

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt., etc. 103	Suite, Apt. # or P.O. Box 1613 No. Dean Rd Ste 103
City & State Orlando FL	City & State Orlando FL
Zip 32817 Country US	Zip 32817 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3285218 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LARRY STREETER

Street Address (P.O. Box Number is Not Acceptable): PENN FIRST MANAGEMENT INC 1613 NO. DEAN ROAD STE 103

City: Orlando FL Zip Code: 32817

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] 5/24/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE: President NAME: Christopher Lory STREET ADDRESS: 3327 Holland Dr. D CITY-ST-ZIP: Orlando FL 32825	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Vice President NAME: Barbara Andersen STREET ADDRESS: 3031 Bellingham Dr. D CITY-ST-ZIP: Orlando FL 32825	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Secretary NAME: Patricia Williams STREET ADDRESS: 3263 Bellingham Dr. D CITY-ST-ZIP: Orlando FL 32825	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Treasurer NAME: Fred Livingston STREET ADDRESS: 1-025 Ian St. D CITY-ST-ZIP: Orlando FL 32825	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Director NAME: Gloria Shumate STREET ADDRESS: 3323 Holland Dr. D CITY-ST-ZIP: Orlando FL 32825	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with another like empowered.

SIGNATURE: Christopher Lory CHRISTOPHER LORY 4/16/02 4074220353
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #